

Carteret County



2016 COMMUNITY HEALTH NEEDS ASSESSMENT



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Acknowledgements

The preparation of the 2016 Carteret County Community Health Needs Assessment (CHNA) was a joint effort between Carteret County Health Department and Carteret Health Care.

A sincere appreciation is extended to the Community Health Needs Assessment Planning Committee for their guidance and contributions to the 2016 CHNA. The planning team is comprised of a variety of organizations and stakeholders within Carteret County representing government, health care, civic organizations, and nonprofits. CHNA planning team serves a critical role in assuring that the community has input into the collection and review of health data, as well as the selection of the health priorities for the County.

The CHNA executive team (see Appendix A), Carteret HealthCare, and Carteret County Health Department would like to express gratitude to the Consolidated Health and Human Services Board and Carteret HealthCare Board for receiving presentations regarding key findings of this assessment.

A special thank you is also extended to a number of Carteret County individuals and groups who shared their knowledge, expertise, and creative ideas for improving health within Carteret County:

- Appreciation is extended to the community members who participated in listening sessions at the following locations: Diabetes Learning Center, Leon Mann Senior Center, Down East Council, and Peer Recovery. These individuals provided feedback and recommendations for health improvements for the community.
- Appreciation is also extended to the representatives of the following groups who participated in listening sessions who provided feedback and identified concerning health issues they have identified among community members whom they serve as part of their profession or affiliation: Carteret County Department of Social Services, Carteret Health Care Foundation Donors, Broad Street Clinic, Coastal Community Action, and Atlantic Beach Fire/Rescue Department.

2016 Carteret County Health Needs Assessment

Executive Summary

Purpose

The purpose of the Community Health Needs Assessment (CHNA) is to examine the health concerns and status for communities within Carteret County and to identify the health priorities that will be the focus for community health improvement for the next three years (2016-2019). Carteret County Health Department (CCHD) and Carteret Health Care (CHC) partnered to complete one assessment which meets the requirements of the North Carolina Department of Health and Human Services, Local Health Department Accreditation Board, and the federal Internal Revenue Service.

The CHNA's roles are to identify factors that affect the health of a population and determine the availability of community resources that adequately address these factors. The CHNA process uses a systematic approach through collection, assembly, analysis, and dissemination of information about the health of the County.

There are 8 phases in the CHNA process:

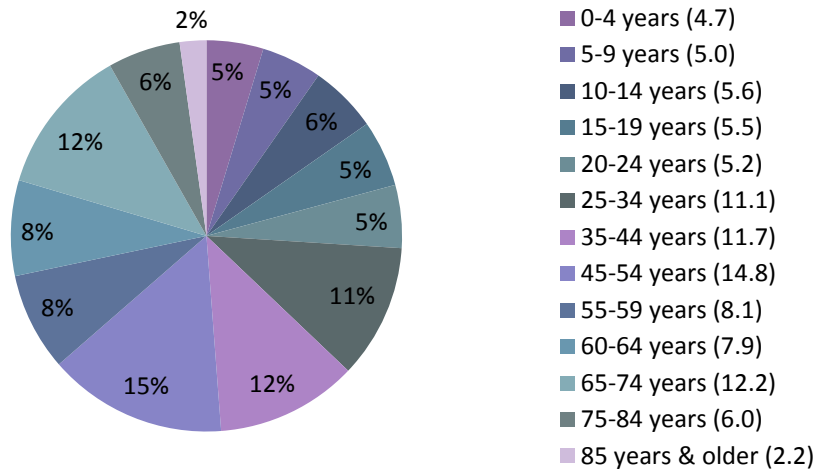
1. Establish a community health assessment team
2. Collect primary data
3. Collect Secondary data
4. Analyze and interpret county data
5. Determine health priorities
6. Create the CHNA document
7. Disseminate CHNA document
8. Develop community health action plans

Socioeconomic Factors

According to the US Census Bureau, Carteret County's population in 2010 was 66,469 and the estimated population in 2015 was 68,879 reflecting an increase of 3.6% from 2010-2015. In 2014, Caucasians comprised of 89.7% of the County's population compared to 77.4% for NC, and African Americans comprised 6.2% compared to 13.2% for NC. Hispanics/Latinos represented 4.3% of Carteret County's compared to 17.4% for NC. Carteret County has a slightly higher female population with 50.9% compared to 49.1% of males.

In 2015, the median age for Carteret County was 47 years. The following chart shows the overall age distribution for the county.

Population Distribution by Age, Carteret County, 2010-2014



Source: US Census Bureau, 2010-2014 American Community Survey

Carteret County's median household income was \$47,149 and the per capita income was \$27,975 from 2010-2014. The overall poverty rate for Carteret County during 2010-2014 was 15.2%, an increase from 14.4% during 2009-2013. Just over 13% of Carteret County's population utilized Food Stamps/SNAP benefits in 2014 with 14.4% of households were food insecure. Carteret County has seen an average unemployment rate of 6.0% for 2015. Approximately, 16.7% of Carteret County's total population do not have insurance coverage for 2010-2014.

Morbidity and Mortality

The leading causes of death were heart disease and cancer followed by all other unintentional injuries and chronic lower respiratory disease during 2010-2014. North Carolina and Carteret County have seen a decline in death rates due to stroke, which is now the fourth leading cause of death in NC and fifth leading cause of death in Carteret County. When compared to North Carolina, Carteret County continues to have higher death rates for heart disease, cancer, all other unintentional injuries and suicide.

Top 10 Leading Causes of Death for Carteret County by Rank

Rank	2010-2014 Total Population (Age- Adjusted)	2010-2014 Total Population (Unadjusted Age)	2010-2014 Less than age 80 (Age- Adjusted)
1	Cancer- All sites	Cancer- All Sites	Cancer – All Sites
2	Heart Disease	Heart Disease	Heart Disease
3	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases
4	Cerebrovascular Disease (Stroke)	Cerebrovascular Disease (stroke)	All Other Unintentional Injuries
5	All Other Unintentional Injuries	All Other Unintentional Injuries	Cerebrovascular Disease (Stroke)
6	Alzheimer's Disease	Alzheimer's Disease	Intentional self-harm (Suicide)

7	Diabetes Mellitus	Diabetes Mellitus	Diabetes mellitus
8	Influenza and Pneumonia	Pneumonia and Influenza	Chronic Liver Disease and Cirrhosis
9	Intentional self-harm (Suicide)	Suicide	Alzheimer's Disease
10	Chronic Liver Disease and Cirrhosis Parkinson's Disease	Nephritis, Nephrotic syndrome, &Nephrosis	Septicemia

Source: State Center for Health Statistics

From 2010-2014, death rates due to cancer (182.0) have decreased (192.7) since 2009-2013. Heart disease has decreased in death rates from (187.6) during 2009-2013 to (182.1) from 2010-2014. Despite declining, heart disease and cancer remain the leading causes of death for Carteret County.

Many of the leading causes of death are impacted by modifiable factors such as personal lifestyles and environmental factors, such as smoking and weight management. Nearly 68.6% of Eastern North Carolina adults are estimated to have a Body Mass Index (BMI) greater than 25 (considered overweight or obese); 25.9% of adults' report that they did not participate in any physical activity or exercises and 20.5% adults in eastern North Carolina are current smokers.

Suicide: Suicide is in the top ten leading causes of death for Carteret County during 2010-2014. Carteret County's suicide rate of 17.8 per 100,000 population exceeded NC's rate of 12.4. From 2010-2014, death rates due to suicide (17.8 per 100,000 population) has decreased slightly (18.5 per 100,000 population) since 2009-2013.

Injuries: All other unintentional injuries (including poisonings) is the third leading cause of death for Carteret County during 2010-2014. Carteret County's all other unintentional injuries rate of 37.2 per 100,000 population is significantly higher than the state rate of 29.6.

Sexually Transmitted Diseases/Infections (STDs or STIs): From 2012-2014, Carteret County was ranked 61 (out of 100 counties-1 having the highest rate to 100 having the lowest) for newly diagnosed HIV rates. The average rate for HIV disease in Carteret County was 5.8 per 100,000 population, which is lower than the state rate of 13.4 from 2012-2014. For AIDS cases, the county was ranked 46 in the state with an average rate of 4.9, lower than the state rate of 8.0. Even though Carteret County is still lower than the state rate, since 2010-2012, Carteret County has seen an increase in rates in both HIV and AIDS. During 2010-2012, HIV and AIDS average rates were 4.0 per 100,000 population in Carteret County. Chlamydia continues to be the most prevalent STD in Carteret County. Chlamydia rates have increased from 251.0 during 2013 to 270.3 per 100,000 population in 2014. Carteret County's Gonorrhea rates have decreased from 42.3 in 2013 to 33.4 during 2014.

Environmental Health

Air and Water Quality: According to Carteret County Environmental Health records and records provided by North Carolina Department of Environmental Quality (NC DEQ), Wilmington Regional Office, there are no reports of air or water quality issues.

Community Concerns

Carteret County residents report the need for assistance in accessing affordable and appropriate health care services throughout the county. Many community members expressed concerns with lack of resources offered in the county along with communication on what resources are available. Community members also voiced the need to address behavioral health including substance abuse, accessibility to care, transportation, and chronic disease prevention.

Priorities Identified for 2016-2019

The following were identified and selected as the top priorities for Carteret County Health Department and Carteret Health Care to focus on for 2016-2019:

- Behavioral Health (Including Substance Abuse)
- Access to Care
- Chronic Disease Prevention

Next Steps

The next step in this process is to develop plans of action and improvement for addressing the three health priorities over the next three years (2016-2019). CHNA partners, including Carteret County Health Department and Carteret Health Care, will be developing measurable objectives to address these priorities by using evidence-based strategies.

For more information or to learn how to become involved, please contact Carteret County Health Department at (252) 728-8550.

Carteret County, North Carolina

2016 Community Health Needs Assessment

Background and Purpose

Every three to four years, local health departments are required by the North Carolina Department of Health and Human Services (NCDHHS) and the North Carolina Local Health Department Accreditation Board to conduct a community health needs assessment (CHNA). Not-for-profit hospitals are also required to conduct a CHNA every three years as legislated by the Patient Protection and Affordable Care Act of 2010. The Carteret County Health Department (CCHD) and Carteret Health Care (CHC) partnered to complete one assessment meeting the requirements of NC DHHS, the Local Health Department Accreditation Board, and the federal Internal Revenue Service. The purpose of this joint assessment is to examine the health status of Carteret County and determine the health priorities that will be the focus for improving community health over the next three years, 2016-2019.

CHNA Planning Team

The Carteret County CHNA team is comprised of a variety of organizations and stakeholders within Carteret County representing government, health care, civic organizations, and nonprofits. CHNA planning team serves a critical role in assuring that the community has input into the collection and review of health data, as well as the selection of the health priorities for the County.

Data Collection

The CHNA process requires the collection and analysis of both primary data (collected from community members regarding their health concerns) and secondary data (collected from available resources on leading causes of death and illness). The CHNA executive team met periodically to determine the best methods to solicit input from community members as well as communicating this information to various stakeholders. The collection and analysis of both primary and secondary data began in December 2015 and continued through June 2016.

Community members contributed to this assessment through their feedback and suggestions for health improvements within the county through listening sessions and a community opinion survey. Community listening sessions (9) were held throughout the county from May 2016 - June 2016 and attended by 108 participants. The majority of these sessions were attended by workers who serve low-income populations such as Medicaid recipients, children and families, and uninsured populations. Sessions also were held with members from the senior community, down east community, peer recovery group, and diabetes learning center (*See the full report in the appendices*).

An online community health opinion survey was collected from February 2016 - June 2016. The survey was put into an online survey tool (Survey Monkey) and the link was promoted to the community through the Health Department's website and Facebook, Hospital website and through emails sent to various list serves. Paper surveys were also distributed at the health department and libraries throughout the county. A total of 503 surveys were completed by community members sharing their health concerns and suggestions for improvements (*See the full report in the appendices*).

The majority of the secondary data that was reviewed was compiled by the NC State Center for Health Statistics; however, other data sources included Census and American Community Survey Reports, Behavioral Risk Surveillance Survey (BRFSS) and other sources as referenced throughout the document. Carteret County data was also compared to data pertaining to North Carolina and peer counties (counties that share common characteristics such as population, size, and poverty).

Prioritization of Health Issues

Using key findings from the primary and secondary data collected was formally presented at a CHNA meeting. This meeting was promoted to additional community members and key leaders to attend and become involved in the prioritization process. Following the presentation, participants were asked to select health priorities they felt should be addressed over the next three years. During the presentation, participants were asked to consider the primary and secondary data when considering their selection.

The participants selected the top health priorities and by a consensus vote the attendees agreed the following health three categories will be the focus for the next three years (2016-2019):

- Behavioral Health (including substance abuse)
- Access to Care
- Chronic Disease Prevention

Dissemination of CHNA

Printed copies of the 2016 Community Health Needs Assessment will be made available at the local libraries, and local agencies. Electronic versions of this document will be available through the Carteret County Health Department's website, www.carteretcountync.gov/364/Health-Department and Carteret Health Care's website, www.carterethealth.org.

Community Profile

History

Nestled along the coastline of North Carolina, Carteret County has a rich history and cultural heritage. Carteret County was the first home to Iroquois-speaking Tuscarora Indian Tribes who lived between the Neuse and Pamlico Rivers in eastern North Carolina.

As early as 1706, white settlers of European descent arrived in the region and slowly began forcing the tribes away from coast. Most of the early settlers had migrated from northern American colonies rather than from Europe. Settlers were dependent on fishing for food and trade as Indian trails or “trading paths” developed within the county. These narrow trails widened over time with some being made into roads. Eventually, the “Great Trading Path,” running from the coastline to western part of NC, became part of a post road over which a mail and stage line was established in 1789, running from Beaufort to Pollocksville.

Carteret County was created in 1722 as Carteret Precinct and gained county status in 1739.¹ It was named for Sir George Carteret, one of the 17th century English Lords Proprietor. Carteret participated in global trade almost from its beginning. Plantations produced goods such as tobacco, grains, salted meats, and fish to export to England. Lumber was also a major export due to the area’s vast forests. The lumber industry was the most widespread and a very lucrative business in the county. However, the most significant commercial industry was naval stores-tar, pitch, rosin, and turpentine. Beaufort and Portsmouth served as the major ports for the County. Due to the changes in water depths caused the Portsmouth harbor to decline as a port of entry and the town was abandoned.



The Bragg-Styron House in Portsmouth village.



The George Dixon House on Portsmouth Island.

Photos by Ernie Penley

Carteret County has faced its share of adversity over the years as the coastal areas was both a target and a haven for pirates. Blackbeard (also known as Edward Teach), was known to frequent the waters and the remnants of his ship “Queen Anne’s Revenge,” has been recovered off the coast. Residents have also witnessed war in their backyards, many served a role in the major conflicts from the Revolutionary War, Civil War, World War I and II. Much of Carteret County’s history can be viewed by visiting Fort Macon National Park, the Maritime Museum, and the History Place in Morehead City.

¹ North Carolina: Individual County Chronologies North Carolina Atlas of Historical County Boundaries. The Newberry Library, 2009.
http://publications.newberry.org/ahcbp/documents/NC_Individual_County_Chronologies.htm

County Overview

Carteret County is centrally located on the North Carolina coastline and bordered on the north by the Pamlico Sound and east and south by the Atlantic Ocean. There are eleven municipalities within the County: Atlantic Beach, Beaufort (County Seat), Bogue, Cape Carteret, Cedar Point, Emerald Isle, Indian Beach, Morehead City, Newport, Peletier, and Pine Knoll Shores.² Surrounding counties include Pamlico, Craven, Jones and Onslow. Geographically, the County is defined by water and is approximately 1,064 square miles with a land area of 506 square miles. Carteret County is referred to as the “Crystal Coast.” With an average elevation of twelve feet above sea level, Carteret County is the southernmost portion of the Outer Banks (SOBX). Several protected areas can be found in Carteret County including: Cape Lookout National Seashore, the Croatan National Forest, and Cedar Island Wildlife Refuge.

The weather is mild in Carteret County with an average annual temperature of 64 and relative humidity of 75 percent.³ The average annual precipitation is 46.45 inches of rainfall.³

Major industries in the county include Tourism, Marine Trades, Marine Science, and Commercial and Recreational Fishing. The top ten employers include Carteret County Board of Education, Carteret Health Care (formally Carteret General Hospital), Carteret County, Wal-Mart Associates Inc., Carteret Community College, Big Rock Sports LLC, Food Lion, Lowes Home Centers Inc., McDonalds, and Lowes Food Stores.⁴

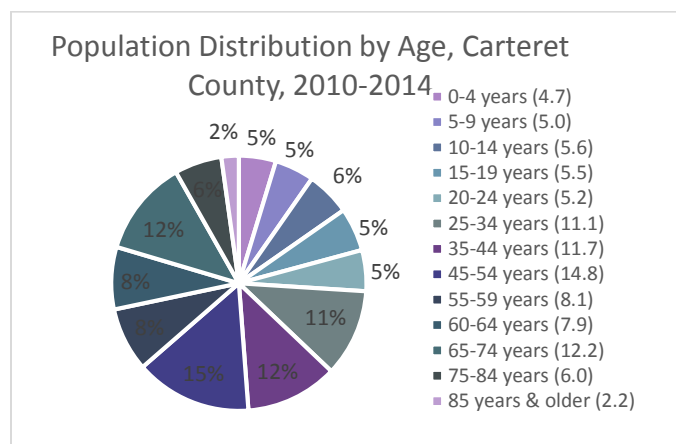
Demographic Information

Population

According to the US Census Bureau, Carteret County’s population in 2010 was 66,469 and the estimated population in 2015 was 68,879, an increase of 3.6% from 2010-2015.⁵ Approximately 50.9% of the population are females and 49.1% are males.⁵

Age Distribution

From 2010-2014, Carteret County’s median age was 47 years old. The following chart represents the age of residents from 2010-2014.⁶



Source: US Census Bureau

² Carteret County Planning Department

³ Carteret County Government, Carteret County 2016-2017 Budget Book, Financial Services- County Profile

⁴ North Carolina Commerce, Labor and Economic Analysis Division 2015, http://accessnc.commerce.state.nc.us/docs/topEmployers/topEmp_37031.pdf

⁵ U.S. Census Bureau, Carteret County Quick Facts <http://www.census.gov/quickfacts/table/PST045215/37031.00>

⁶ U.S. Census Bureau, 2010-2014, 5-year American Community Survey http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Race and Ethnicity

The following table outlines the racial composition of Carteret County in comparison to North Carolina according to the US Census Bureau's 2015 estimates.

Carteret County	North Carolina
Caucasian 89.7%	Caucasian 71.2%
African American 6.1%	African American 22.1%
Hispanic 4.5%	Hispanic 9.1%
Asian 1.3%	Asian 2.8%
American Indian/Alaska Native 0.6%	American Indian/ Alaska Native 1.6%
Native Hawaiian and Other Pacific Islander 0.1%	Native Hawaiian and Other Pacific Islander 0.1%
Multi-Racial 2.1%	Multi-Racial 2.1%

Source: US Census Bureau

Socioeconomic Factors

Education

The public school system, Carteret County Schools, is comprised of 18 schools including nine elementary and five middle schools, three high schools and one alternative school (K-12). As of June 2015, the student enrollment was 8,139 within the Carteret County's public school system.⁷



In Carteret County, there are 753 home schools serving approximately 1,026 students for the 2015-2016 school year.⁸ There are 5 private schools in Carteret County with approximately 360 students enrolled for 2015-2016 school year.⁹

Carteret County also has one post-secondary school, Carteret Community College. Carteret Community College offers over 70 programs of study.

As of 2010-2014, 88.6% of Carteret County residents, age 25 and older have achieved high school graduation or a higher degree as compared to 85.4% for NC residents. Also among Carteret County residents age 25 and older, 24.2% have achieved a bachelor's degree or higher as compared to 27.2% for NC residents.¹⁰

⁷ Carteret County Schools

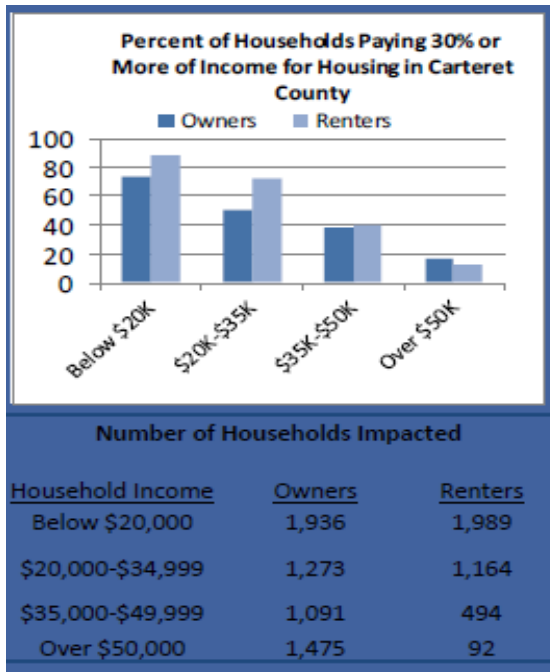
⁸ NC Division of Non-Public Education, https://ncdoa.s3.amazonaws.com/s3fs-public/documents/files/15-16%20Home%20School%20Report_0.pdf

⁹ NC Division of Non-Public Education, https://ncdoa.s3.amazonaws.com/s3fs-public/documents/files/2015-2016%20Conventional%20Schools%20-%20Stats%20Report_0.pdf

¹⁰ U.S. Census Bureau, Carteret County Quick Facts, <http://www.census.gov/quickfacts/table/PST045215/37,37031>

Household Data

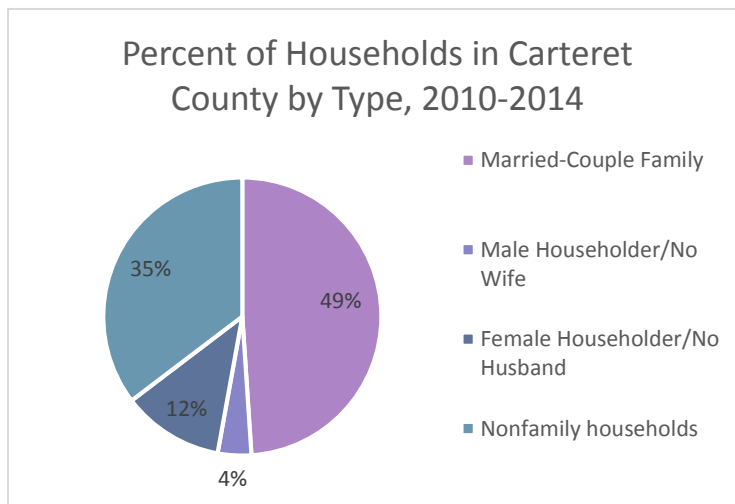
According to the US Census American Community Survey 2010-2014, Carteret County is estimated to having 48,571 total housing units with an occupancy total of 29,352 or 60.4%.¹¹ Of the 29,352 housing units, 70.2% were owner occupied houses and 29.8% were renter occupied houses.¹¹ Carteret County has a large number of second homes or “vacation homes” which explains the discrepancy between the number of housing units and the number of households. The median value of owner-occupied house units in Carteret County was \$193,500 compared to 153,600 for North Carolina.¹¹



The chart to the left breaks down the percent of households who spend 30% or more of their monthly income on housing cost/rent. Spending a high percentage of household income on rent can create financial hardship, especially for lower income renters or owners as shown in the chart and table.

For a safe, modest, two-bedroom apartment at the fair market monthly rent of \$819, Carteret County workers would need to earn \$32,760 annually or \$15.75 per hour (40 hours a week).¹²

Source: NC Housing Coalition



Source: US Census Bureau

The chart on the left depicts the household composition in Carteret County during 2010-2014.¹³

¹¹ U.S. Census Bureau- Carteret County Fact Finder, http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

¹² NC Housing Coalition, Carteret County Fact Sheet 2015, www.nchousing.org

¹³ U.S. Census Bureau- Carteret County Fact Finder, http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Income and Poverty

From 2010-2014, the median household income for Carteret County was \$47,179 which is slightly higher than NC's median income of \$46,693.¹⁴ The per capita income for Carteret County was \$27,179 which is also slightly higher than NC's per capita income of \$25,608.¹⁴ Over 15% (15.2%) of all Carteret County residents and 24.2% of residents under age of 18 years were reported as having an income below poverty level.¹⁵

The chart to the right provides a breakdown with percentages for ages and gender in Carteret County who are reported to live below the 100 percent of the poverty level for 2010-2014.¹⁵

The following chart depicts the percentage of residents by race who are reported to live below the 100 percent of the poverty level.¹⁵

Race	Less than 100 percent of the poverty level (percentages)
White	13.0%
African American	35.9%
American Indian	36.2%
Hispanic	36.0 %
Asian	19.5%
Native American	0.0%
Some other race	16.7%
Two or more races	42.1%

Source: US Census Bureau Fact Finder

Age	Less than 100 percent of the poverty level (percentages)
Under 18 years of age	24.2%
18-64 years of age	14.9%
65 and over	7.6%
Gender	Percentage below poverty level
Female	14.2%
Male	16.1%

Source: US Census Bureau Fact Finder

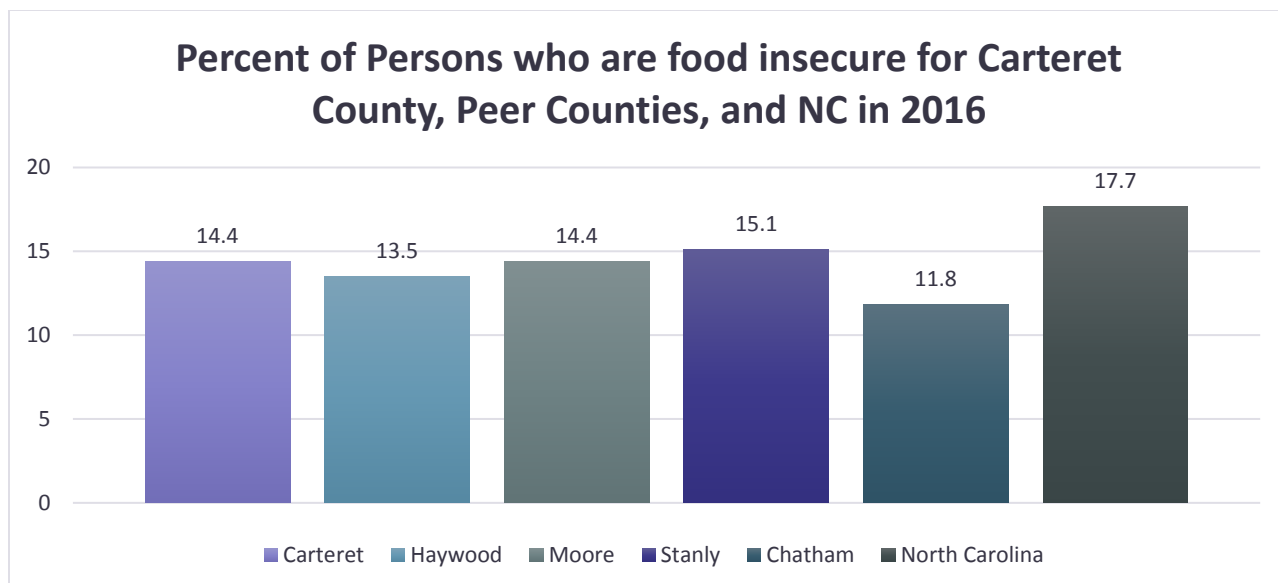
In comparison, Carteret County's percent of all people living in poverty level is lower than the following peer counties and North Carolina's percentage living below the poverty level: Haywood (15.8%), Moore (16.3%), Stanly (16.6%) and NC (17.2%).¹⁵

According to Feeding America, Carteret County's rate of food insecurity for the total population was 14.4% in 2014 compared to 17.7% for North Carolina.¹⁶

14 U.S. Census, Carteret County Quick Facts, <http://www.census.gov/quickfacts/table/IPE120214/37,37031>

15 U.S. Census Bureau, 2010-2014, 5 year American Community Survey, http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

16 Feeding American. Map the Meal Gap, <http://map.feedingamerica.org/county/2014/overall/north-carolina>



Source: Feeding America

Just over 13% (13.4%) of Carteret County's total population utilized Food Stamps/ Supplemental Nutrition Assistance Program (SNAP) benefits from 2010-2014.¹⁷

As of 2015-2016, approximately 1300 Carteret County women and children received services from the Women, Infants, and Children (WIC) program administered by the Carteret County Health Department.¹⁸ WIC is a federal program that provides nutrition education and counseling, supplemental nutritious foods, and breastfeeding education for women and children (ages 0-5 years) who qualify.

Health Insurance

As of 2010-2014, 16.3% of Carteret County's residents (under 65 years) do not have health insurance coverage, compared to 15.2% of North Carolina residents (under 65 years).¹⁹ Uninsured individuals are less likely to seek services for preventive care and diagnostic health care services, causing late diagnoses in later stages of disease.

Changes in the health care system, the Affordable Care Act requires that most Americans obtain health insurance coverage or pay a tax penalty. However, even those insured face challenges with access to care such as: finding providers that accept their insurance, lack of transportation, and inability to pay high deductibles or copays for receiving treatments.

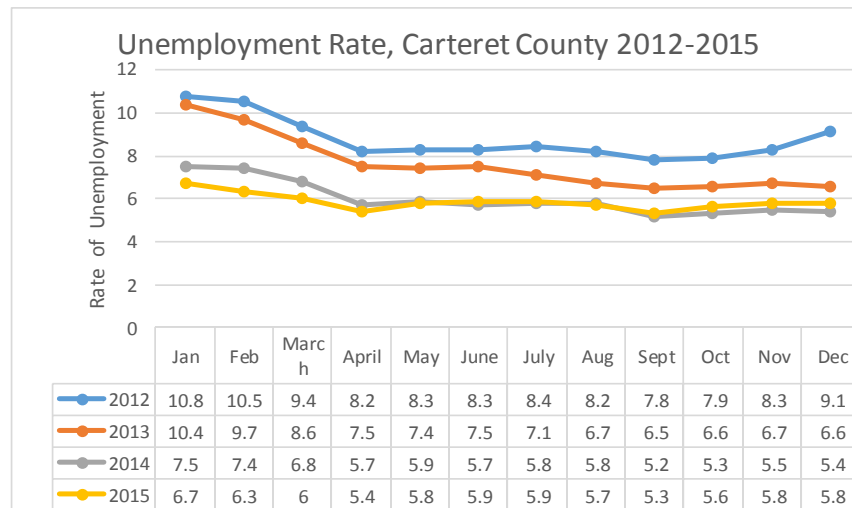
¹⁷ U.S. Census Bureau, 2010-2014, 5 year American Community Survey, http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

¹⁸ Carteret County Health Department- WIC Department

¹⁹ U.S. Census, Carteret County Quick Facts, <http://www.census.gov/quickfacts/table/1PE120214/37,37031>

Employment

Carteret County has a total labor force is 31,399 which is 46% of the total population.²⁰ The unemployment rate as of 2015 was 5.9%.²¹ According to the Bureau of Labor statistics, unemployed is defined as persons who do not have a job or have actively looked for work in the prior four weeks and is currently available for work. The unemployment rate has declined from 2012-2015 for Carteret County as seen in the chart below.



Source: Employment Security Commission, Demand Driven Data Delivery System, Unadjusted Data Carteret County, NC 2012-2015

Transportation

The transportation industry in Carteret County consists of local and international travel through the airport, private taxi services, North Carolina State Ferry System, Carteret County Area Transportation (CCATS) system, a North Carolina State Port and a well-developed highway (Hwy 70) and rail system.

The airport provides chartered flights, aircraft rental, pilot training, and air tours. Commercial air travel is available at Coastal Carolina Regional airport, located in New Bern, NC about 30 miles away from Carteret County.

Highway 70 serves as the main corridor through the county and runs east to the Atlantic coast, west toward Raleigh, and to interstates 95 and 40. Additional highways (101, 58, 24, and 12) are located within the county but there are no interstates that run through Carteret County.

For years, ferries have played a vital role in transporting residents and visitors to Eastern North Carolina. Cedar Island Ferry is a popular option for individuals wanting to explore Ocracoke, Hatteras, and the Outer Banks.

Morehead City is home to one of the two major ports in North Carolina. The port handles both breakbulk and bulk cargo and is the second largest importer in the country for natural rubber.²²

20 U.S. Department of Labor, Bureau of Labor Statistics, http://www.bls.gov/regions/southeast/news-release/countyemploymentandwages_northcarolina.htm#table1

21 Employment Security Commission, Demand Driven Data Delivery System, Unadjusted Data Carteret County, NC 2012-2015

22 North Carolina Ports, <http://www.ncports.com/port-of-morehead-city/>

Carteret County Area Transportation System (CCATS) is an accessible public transportation system for all residents and guests of Carteret County.

The North Carolina Railroad Company (NCRR) owns and manages the 317-mile rail corridor running from the Port of Morehead City to Charlotte. NCRR has an agreement with Norfolk Southern, which operates the freight trains.²³

Faith Community

Carteret County is fortunate to have an active and involved faith community. There are approximately 130 churches representing many denominations and religions. Churches play an important role in the community not only for individual spiritual and emotional needs but provide fellowship and faith-based outreach and ministry programs. The faith community is a key partner to Carteret County Health Department and Carteret Health Care for dissemination of health care related information as well as a forum to host health fairs, screenings and host other health promotion activities.

Several of the churches serve the community as certified preschool day care and pre-kindergarten providers while other contribute money and volunteers to support community assistance programs.

Crime

The safety of a community has both direct and indirect effects on health. Carteret County's index crime rate, which is comprised of both violent (murder, forcible rape, robbery, and aggravated assault) and property crimes (burglary, larceny, arson, motor vehicle theft), has fluctuate in rates from 2009-2013.²⁴ The table below illustrates the crime rates in Carteret County per 100,000 population from 2009-2013.

2009-2013 Carteret County Index Crime Rates (Rates per 100,000 population)			
Year	Index Crime Rates	Violent Crime Rates	Property Crime Rates
2009	3,737.4	253.5	3,483.9
2010	3,844.7	338.4	3,506.3
2011	3,924.3	292.3	3,632.0
2012	3,304.5	294.0	3,010.5
2013	3,319.1	280.3	3,038.8
Source: NC Department of Justice, 2013 Annual Report			
Note: Data is missing for full 12-month period for over 50 percent of the county population for 2014.			

The total juvenile crime complaints for 2014 were 92 with 79 delinquent complaints.²⁵

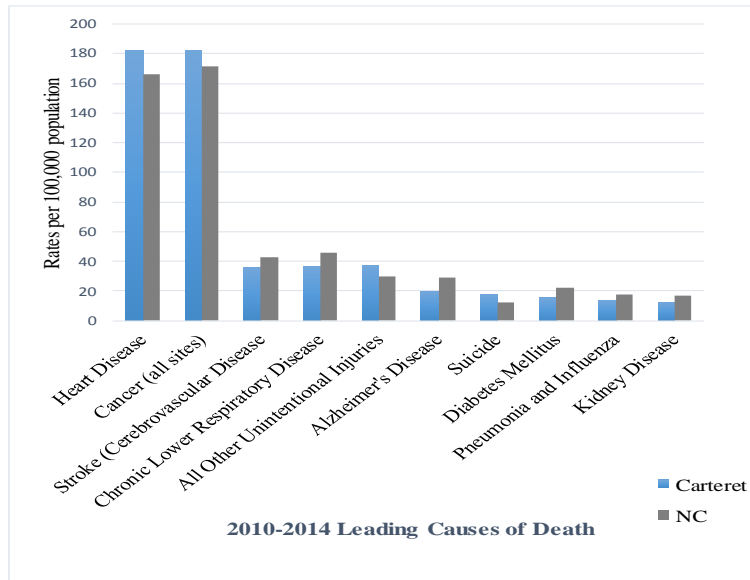
23 Carteret County Economic Development, <http://www.carteretcdc.com/location-transportation/>

24 NC Department of Justice, 2014 Annual Summary Report, <http://crimereporting.ncsbi.gov/public/2014/ASR/2014%20Annual%20Summary.pdf>

25 NC Public Safety 2015 County Data book, <http://www.ncdps.gov/document/2015-county-databook>

Leading Causes of Death

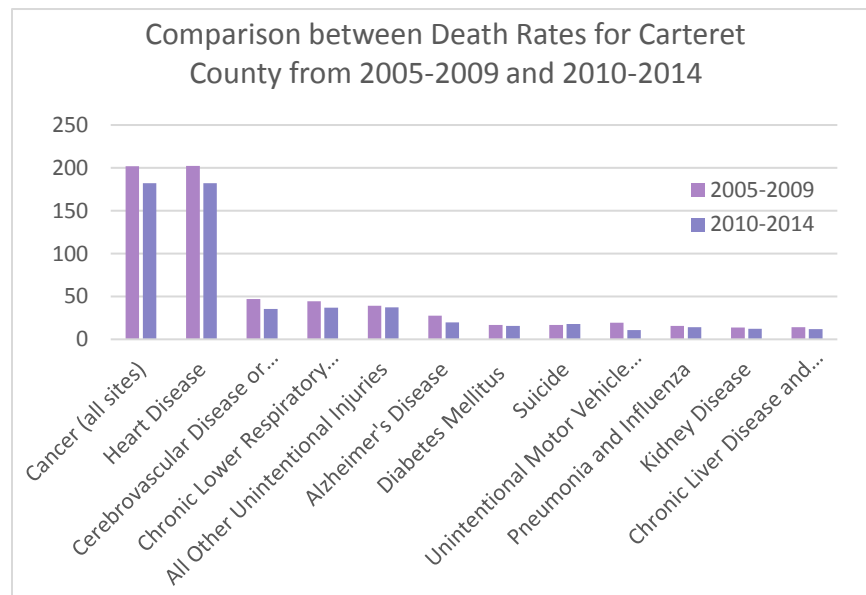
The following data represents the leading causes of death (age adjusted rates) in Carteret County during 2010-2014. The use of age-adjusted rates is a method to make comparisons between groups with different age distributions. Carteret County's leading causes of age-adjusted deaths were ranked as follows per 100,000 population during 2010-2014: 1) Heart Disease (182.1), Cancer (all sites, 182.0), 3) All Other Unintentional Injuries (37.2), 4) Chronic Lower Respiratory (37), 5) Cerebrovascular Disease or Stroke (35.6), 6) Alzheimer's Disease (19.9), 7) Suicide (17.8), 8) Diabetes Mellitus (15.5), 9) Pneumonia and Influenza (14.1), 10) Kidney Disease



Disease (182.1), Cancer (all sites, 182.0), 3) All Other Unintentional Injuries (37.2), 4) Chronic Lower Respiratory (37), 5) Cerebrovascular Disease or Stroke (35.6), 6) Alzheimer's Disease (19.9), 7) Suicide (17.8), 8) Diabetes Mellitus (15.5), 9) Pneumonia and Influenza (14.1), 10) Kidney Disease (Nephritis, Nephrotic Syndrome, and Nephrosis, 12.3), 11) Chronic Live Disease and Cirrhosis (12.1), and Unintentional Motor Vehicle Injuries (10.7).²⁶ When compared to North Carolina during the same period, Carteret County's death

exceeds the state rate for heart disease, cancer, all other unintentional injuries, and suicide.²⁶

Source: State Center for Health Statistics



Source: State Center for Health Statistics

When comparing the 2005-2009 death rates to 2010-2014, Carteret County has improved among 11 of the leading causes of death. The exception is suicide rates (increased from 16.8 during 2005-2009 to 17.8 during 2010-2014).²⁷

²⁶ North Carolina Department of Health and Human Services, State Center for Health Statistics County Data Book 2010-2014, <http://www.schs.state.nc.us/data/databook/>

²⁷ North Carolina Department of Health and Human Services, State Center for Health Statistics County Data Book 2005-2009, <http://www.schs.state.nc.us/data/databook/>

2014 Carteret County and North Carolina Leading Causes of Death Rank Comparison

Carteret County Rank	Cause of Death	CC Rate	NC Rank	Cause of Death	NC Rate
1	Cancer	24.1	1	Cancer	22.7
2	Heart Disease	21.7	2	Heart Disease	20.6
3	Chronic Lower Respiratory Disease	5.8	3	Chronic Lower Respiratory Disease	5.9
4	Cerebrovascular diseases/Stroke	5.2	4	Cerebrovascular disease/stroke	5.5
5	All other unintentional injuries	3.7	5	Alzheimer's disease	3.8
6	Alzheimer's disease	2.9	6	All other unintentional injuries	3.7
7	Diabetes Mellitus	2.4	7	Diabetes mellitus	3.2
8	Influenza and pneumonia	2.3	8	Influenza and pneumonia	2.2
9	Intentional self-harm	1.9	9	Nephritis	2.1
10	Chronic liver disease	1.6	10	Motor Vehicle injuries	1.6

Source: State Center for Health Statistics

The chart above depicts the leading causes of death by rank in comparison to North Carolina for 2014. The top four ranked diseases are the same for both Carteret County and North Carolina.²⁸

2010-2014 Carteret County Top 5 Leading Causes of Death by Race, Per 100,000

White (Non-Hispanic)		African American (Non-Hispanic)	
Male	Female	Male	Female
Cancer (229.0)	Heart Disease (153.2)	Cancer (314.8)	Cancer (185.9)
Heart Disease (218.2)	Cancer (144.1)	Heart Disease (N/A)- 19 Deaths	Heart Disease (170.2)
All Other Unintentional Injuries (53.0)	Chronic Lower Respiratory Disease (36.8)	Kidney Disease (N/A) – 4 Deaths	Stroke (N/A)- 9 Deaths
Chronic Lower Respiratory Disease (39.6)	Stroke (35.2)	Chronic Lower Respiratory Disease, Motor Vehicle Injuries, Alzheimer's Disease, All Other Unintentional Injuries (N/A)- 2 Deaths	Diabetes, Kidney Disease and Alzheimer's Disease (N/A) – 2 Deaths
Stroke (35.1)	All Other Unintentional Injuries (27.2)	<i>Technical Note: Rates based on fewer than 20 cases (indicated by N/A) are unstable and have been suppressed.</i>	

Source: State Center for Health Statistics

The chart above depicts the top leading causes of death by gender and race. During 2010-2014, Cancer was the leading cause of death for non-Hispanic white males and both non-Hispanic African American males and females followed by heart disease. During 2010-2014, heart disease was the leading cause of death for non-Hispanic white females followed by cancer.²⁹

28 North Carolina Department of Health and Human Services, State Center for Health Statistics, <http://www.schs.state.nc.us/interactive/query/>

29 North Carolina Department of Health and Human Services, State Center for Health Statistics, County Data Book 2010-2014, <http://www.schs.state.nc.us/data/databook/>

Heart Disease

Despite heart disease mortality rates declining, heart disease is the leading cause of death in Carteret County. From 2010-2014, death rates due to heart disease (182.1) have decreased (187.6) since 2009-2013.³⁰ Carteret County's death rate due to heart disease was highest among non-Hispanic white males (218.2) followed by non-Hispanic African American females (170.2) and non-Hispanic white females (153.2) during 2010-2014.³¹

During 2010-2014, Carteret County had a 9.8% higher heart disease death rate when compared to North Carolina and 42.9% higher than that of Moore County.³²

2010-2014 Age-Adjusted Heart Disease Death Rates, Peer Counties and North Carolina (per 100,000)	
Carteret	182.1
Chatham	122.0
Haywood	190.9
Moore	127.4
Stanly	231.1
North Carolina	165.9

Heart disease is impacted by modifiable factors such as personal lifestyles and environmental factors, such as smoking and weight management. However, heart disease is also impacted by non-modifiable factors such as age, gender and heredity including race.

According to the American Heart Association, it is estimated that a smoker is 2-4 times more likely to develop coronary heart disease than that of non-smoker.³³ Exposure to secondhand smoke has increased the risk for nonsmokers to develop heart disease. Heart Disease can be prevented through reducing tobacco use and exposure, increasing consumption of fruits and vegetables, increase daily physical activity, controlling high blood cholesterol and blood pressure.

Cancer

In 2015, cancer was the second leading cause of death for all populations in the United States according the Centers for Disease Control and Prevention (CDC), while it was the leading cause of death in North Carolina.³⁴ During 2010-2014, cancer was the second leading cause of death for Carteret County.

According to the North Carolina Central Cancer Registry, 19,301 persons in North Carolina died, and 182 persons in Carteret County died from cancer in 2013. The table below portrays the percent of cancer deaths in Carteret County compared to North Carolina cancer deaths in 2013.³⁵

30North Carolina Department of Health and Human Services, State Center for Health Statistics, County Data Book 2010-2014, 2009-2013, <http://www.schs.state.nc.us/data/databook/>

31North Carolina Department of Health and Human Services, State Center for Health Statistics, County Data Book 2010-2014, <http://www.schs.state.nc.us/data/databook/>

32Carolina Community health Assessment Process: calculations worksheet phase 3 <http://publichealth.nc.gov/lhd/cha/about.htm>

33 American Heart Association, www.heart.org

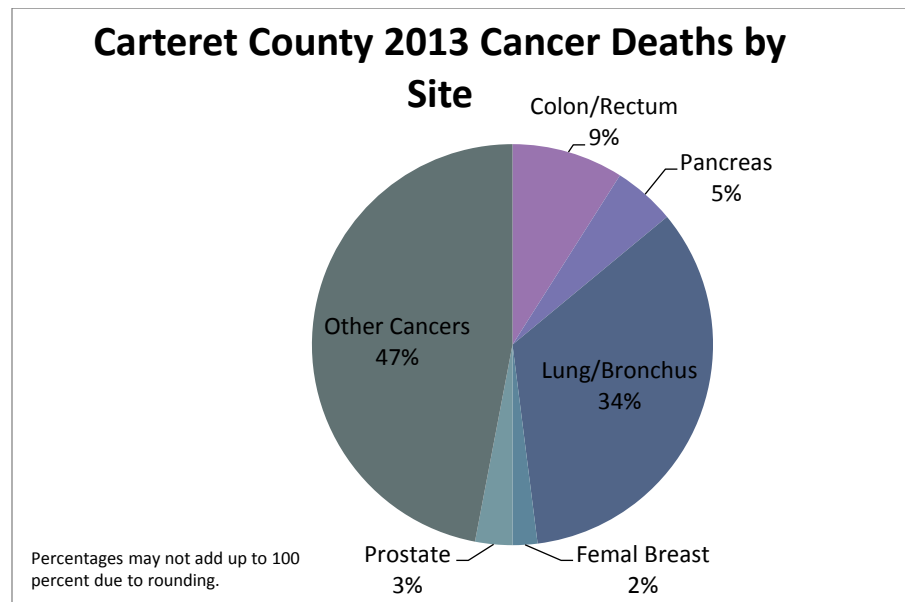
34Centers for Disease Control and Prevention website: www.cdc.gov/nchs/fastats/deaths.htm

35 North Carolina Department of Health and Human Services, State Center for Health Statistics, Cancer Profiles, October 2015.

2013 Percent of Cancer Deaths in Carteret County Compared to 2013 Percent of Cancer Deaths in North Carolina	
Carteret County	North Carolina
25.2%	22.3%

Source: Cancer Profiles: Carteret County October 2015, North Carolina Central Cancer Registry

The majority of cancer deaths occur within five sites (categories): colon/rectum, pancreas, lung/bronchus, female breast and prostate which are depicted in the graph below.



Source: Cancer Profiles: Carteret County October 2015, North Carolina Central Cancer Registry

2010-2014, Age-Adjusted Cancer Mortality Rates by Site, Peer Counties and North Carolina (per 100,000)					
Counties	All Cancers	Colon/Rectum	Lung/Bronchus	Female Breast *	Prostate*
Carteret	180.5	13.8	56.1	149.4	105.2
Chatham	143.4	13.0	45.0	171.7	106.2
Haywood	158.0	13.0	53.0	145.7	124.7
Moore	160.7	12.7	51.3	165.1	136.2
Stanly	179.0	14.1	56.3	148.6	121.5
North Carolina	171.7	14.1	50.6	157.9	130.6

*Prostate and Female Breast rates are from 2009-2013

Source: NC Department of Health and Services- County Trend Report

When analyzing the cancer death rates by site for all ages for 2010-2014, as seen on the table above, Carteret County has the highest death rate (180.5) for all cancers and second highest for lung/bronchus (56.1) compared to the state and peer counties. Carteret County demonstrates a 25.8% greater death rate due to all cancers as compared to Chatham County and a 5.1% greater rate when compared to North Carolina.

A majority of cancers are impacted by modifiable factors such as personal lifestyles and environmental factors, such as smoking and diet, which are preventable. However, cancers are also impacted by non-modifiable factors such as age, gender or family history of a specific cancer. Non-modifiable factors are used to aid the identification of people at high risk for developing cancers.

Prevention and early detection are two key factors in disease control and reducing the number of cancer deaths so that treatment of the disease can be effective. Some cancers, prevention is considered more beneficial than early detection. For example, lung cancer is one of the most preventable cancers. According to the 2014 Surgeon General's Report, it is estimated that more than 87 percent of lung cancers result from smoking.³⁵ Cancer can be prevented through reducing tobacco use and exposure, increasing consumption of healthier foods and physical activity, reducing the exposure to direct sunlight, and screening for early detection.

All Other Unintentional Injuries

Unintentional injuries were the third leading cause of death among Carteret County's total population from 2010-2014. During 2010-2014, Carteret County's death rate due to unintentional injuries was (37.1) per 100,000, a decrease (39) from 2009-2013. The highest rates of unintentional deaths occurred among non-Hispanic white males (53.0) and non-Hispanic white females (27.7).

In comparison, North Carolina's unintentional injuries death rates during 2010-2014 was 29.6 per 100,000 population, rising by 24% since 1999.³⁶ During 2010-2014, Carteret County's unintentional rate was higher than North Carolina and the following peer counties: Chatham (13.9), Moore (24.1), and Stanly (35.9).³⁷

Leading Cause of Unintentional Injury for All Ages (2007-2009)

<i>Leading Causes: Injury Death (All Ages)</i>		<i>Leading Causes of Injury Hospitalization (All Ages)</i>		<i>Leading Causes of Injury ED Visits (All Ages)</i>	
1 Poisoning, Unintentional	39	1 Fall, Unintentional	746	1 Fall, Unintentional	5,960
2 MVT, Unintentional	38	2 Poisoning, Self-inflicted; MVT, Unintentional	138	2 Overexertion, Unintentional	2,710
3 Fall, Unintentional	17	3 Unspecified, Unintentional	130	3 Struck, Unintentional	2,450
4 Firearm, Self-Inflicted	16	4 Poisoning, Unintentional,	104	4 MVT, Unintentional	1,907
5 Drowning, Unintentional	9	5 Other spec/class, Unintentional	78	5 Unspecified, Unintentional	1,461
Other	44	Other	355	Other	6,401

Source: <http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/>

Chronic Lower Respiratory Disease

Chronic Lower Respiratory disease or chronic lung disease, COPD is the fourth leading cause of death for all ages in Carteret County. From 2010-2014, death rates due to COPD (37.0) have decreased slightly (38.1) since 2009-2013.³⁸ COPD death rates were higher in males (42.5) during 2009-2013 compared to males (38.6) from 2010-2014.³⁸

35 Surgeon General 2014 Report, www.surgeongeneral.gov/library/reports/index.html

36 Carolina Community health Assessment Process: calculations worksheet phase 3 <http://publichealth.nc.gov/lhd/cha/about.htm>

37 North Carolina Department of Health and Human Services, State Center for Health Statistics, <http://www.schs.state.nc.us/>

38 North Carolina Department of Health and Human Services, State Center for Health Statistics, County Data Book 2010-2014, <http://www.schs.state.nc.us/data/databook/>

Carteret County 2010-2014 Age-Adjusted Death Rates, Per 100,000 Populations																
Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Chronic Lower Respiratory Diseases	184	37.9	3	N/A	1	N/A	1	N/A	0	N/A	89	38.6	100	36.0	189	37.0

Source: North Carolina Division of Public Health, State Center for Health Statistics. <http://www.schs.state.nc.us/SCHS/data/databook>

Cerebrovascular Disease (Stroke)

Cerebrovascular disease or stroke death rates are declining however; stroke continues to be the fifth leading cause of death in Carteret County. During 2010-2014, the total death rates from stroke (35.6) slightly decreased for all ages (36) when compared to 2009-2013.³⁹

Carteret County 2010-2014 Age-Adjusted Death Rates, Per 100,000 Populations																
Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Cerebrovascular Disease	161	35.0	11	N/A	0	N/A	0	N/A	1	N/A	74	35.1	99	36.2	173	35.6

Source: North Carolina Division of Public Health, State Center for Health Statistics. <http://www.schs.state.nc.us/SCHS/data/databook>.

According to the NC State Center for Health Statistics, women of all ages continue to have the highest prevalence of stroke in Carteret County.⁴⁰ During 2010-2014, Carteret County had a 17.2% decrease in stroke death rates compared to North Carolina.⁴⁰

Alzheimer's Disease

Alzheimer's Disease was the sixth leading cause of death among Carteret County's population during 2010-2014. Carteret County's death rate was 19.9 per 100,000 population from 2010-2014, a significant decrease (27.5 per 100,000 population) from 2005-2009.⁴¹ Carteret County's highest rate of deaths occurred among non-Hispanic white females (22.5 per 100,000 population) followed by non-Hispanic white males (16.7) during 2010-2014.⁴¹ In comparison, North Carolina's Alzheimer's Disease death rate during 2010-2014 was 29.2 per 100,000 population. During 2010-2014, Carteret County's death rate was lower than North Carolina's rate and the following peer counties: Moore (41.7), and Stanly (31.2).⁴¹

39 North Carolina Department of Health and Human Services, State Center for Health Statistics, <http://www.schs.state.nc.us/>

40 North Carolina Department of Health and Human Services, State Center for Health Statistics, County Data Book 2010-2014, <http://www.schs.state.nc.us/data/databook/>

41 North Carolina Department of Health and Human Services, State Center for Health Statistics, <http://www.schs.state.nc.us/>

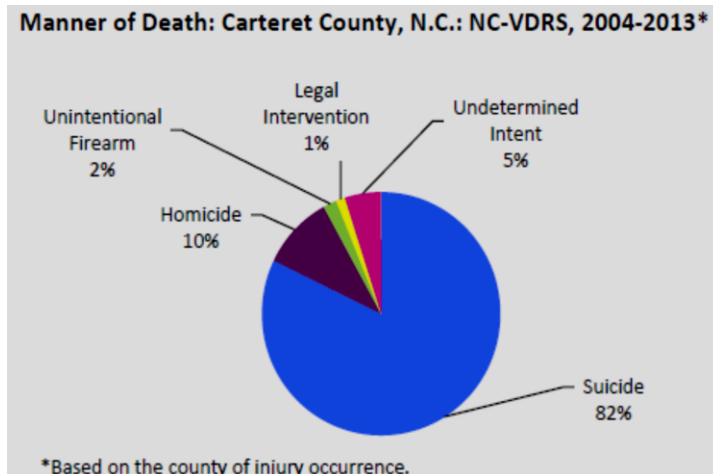
Suicide

Suicide was the seventh leading cause of death for Carteret County during 2010-2014. From 2010-2014, Carteret County death rates due to suicide (17.8 per 100,000 population) exceeded North Carolina's rate (12.4 per 100,000 population) and was a higher rate compared to peer counties: Chatham (12.9), Haywood (15.9), Moore (16.3) and Stanly (17.6).⁴²

The graph below represents all the fatal injuries from violence that occurred during 2004-2013 in Carteret County. For the years 2004-2013, there were 163 violent deaths in Carteret County. There were 134 suicides (82%), 16 homicides (10%), three unintentional firearm deaths (2%),

and eight death of undetermined intent (5%).⁴³

Carteret County's highest rate of suicide deaths occurred among non-Hispanic white males (31.3 per 100,000 population) followed by non-Hispanic white woman (N/A- 12 deaths total).



Source: Injury and Violence Prevention Branch, www.injuryfreenc.ncdhhs.gov

Diabetes Mellitus

Diabetes Mellitus is the eighth leading cause of death in Carteret County. Death rates due to Diabetes had an 11 % decrease from years 2007 to 2011. Carteret County (15.5) death rate of diabetes is 42% lower when compared to North Carolina (22.1). Carteret County has the third lowest death rate when compared to its peer counties as depicted in the graph below.

2010-2014 Age-Adjusted Diabetes Death Rates, Peer Counties and North Carolina (per 100,000)	
Carteret	15.5
Chatham	19.6
Haywood	14.6
Moore	11.8
Stanly	21.2
North Carolina	22.1

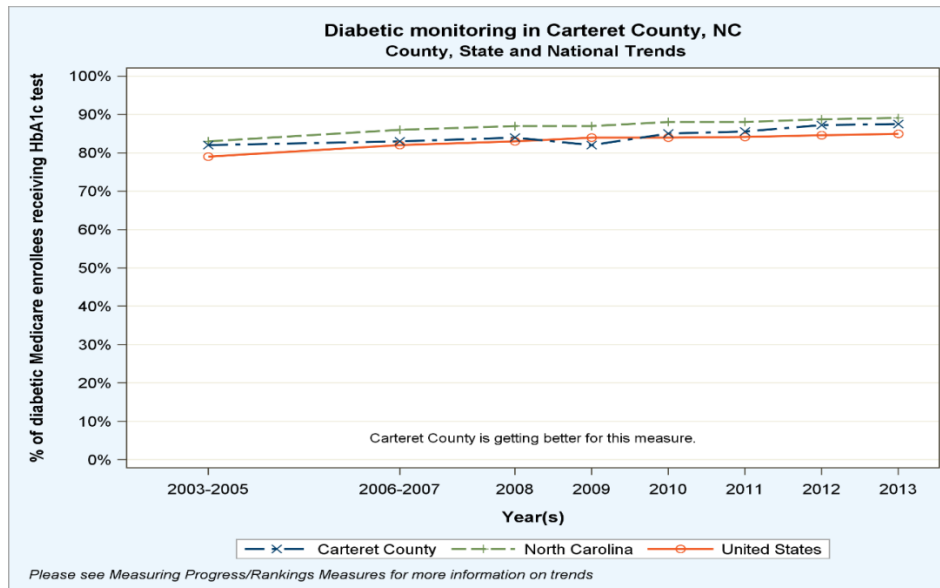
According to the North Carolina State Center for Health Statistics, non-Hispanic white males had the highest death rates (22.8 per 100,000 population) followed by non-Hispanic woman (10.0 per 100,000 population) of Diabetes Mellitus in Carteret County from 2010-2014.⁴⁴

⁴²North Carolina Department of Health and Human Services, State Center for Health Statistics, <http://www.schs.state.nc.us/>

⁴³ North Carolina Department of Health Human Services, Injury and Violence Prevention Branch available at: www.injuryfreenc.ncdhhs.gov

⁴⁴ North Carolina Department of Health and Human Services, State Center for Health Statistics, County Data Book 2010-2014, <http://www.schs.state.nc.us/data/databook/>

The hemoglobin A1c test, also called HbA1c, glycosylated hemoglobin test is an important blood test performed to determine how well an individual's diabetes is controlled. According to the Robert Wood Johnson Foundation County Rankings, Carteret County is improving in diabetic screenings as depicted in the graph below.⁴⁵



Source: Robert Wood Johnson Foundation County Health Rankings.

An analysis of the Behavior Risk Factor Surveillance System (BRFSS) reveals that:

- In 2014, 12.1% of adults in Eastern North Carolina (ENC) reported being told they had diabetes compared to 11.7% of adults in 2011.
- In 2014, nearly 1 out of 2 (46.4%) ENC adults between 55-74 years of age reported having Diabetes, similar to that reported in 2013 (50.2%).
- There has been a slight increase from 2012 (51.8%) to 2013 (52.5%) of ENC adults who reported they have taken a diabetes course or class.
- In 2013, 75.8% of adults with diabetes in ENC reported having a hemoglobin A1C test performed at least two times in a 12-month period, compared to 76.9% in 2012.⁴⁶

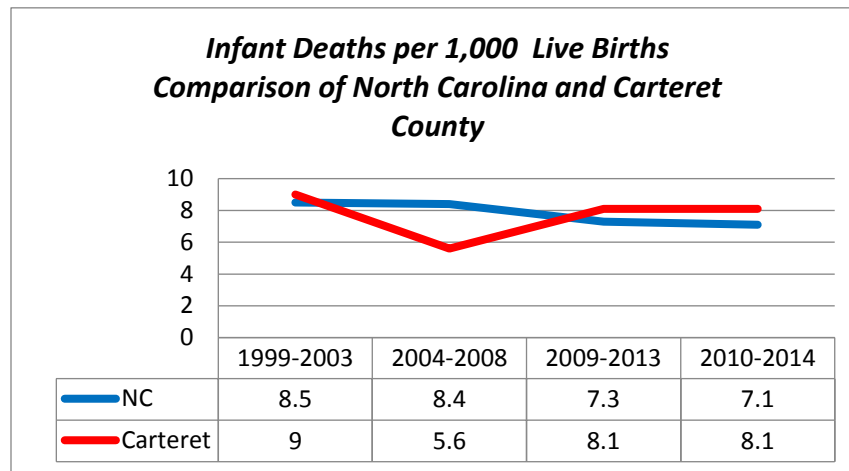
⁴⁵ Robert Wood Johnson Foundation County Health Rankings, www.countyhealthrankings.org/north-carolina

⁴⁶ North Carolina Department of Health and Human Services, State Center for Health Statistics- BRFSS <http://www.schs.state.nc.us/data/brfss/survey.htm>

Other Causes of Death

Infant Mortality

Infant Mortality is the death of an infant prior to his or her first birthday. Carteret County's



total infant mortality rate during 2010-2014 was 8.1 per 1,000 live births compared to North Carolina's rate 7.1 per 1,000 live births.⁴⁷ The chart below illustrates the infant mortality rates for Carteret County in comparison to North Carolina from 1999 to 2014.

Source: North Carolina State Center for Health Statistics

The leading causes of infant deaths are birth defects, premature births, low birth weight, and prenatal conditions. According to the 2014 North Carolina Child Health Snapshot for Carteret County, low birth weight has been found to be the strongest predictor of infant mortality. One in ten Carteret County babies are born with a low birth weight.⁴⁸ From 2010-2014, 7.5% of Carteret County births were low weight (≤ 2500 grams) compared to 9.0% for North Carolina. During this time, 15.0% of Carteret County's non-Hispanic African Americans had low birth weights as compared to 13.8% for North Carolina. Among non-Hispanic white births, 7.3% were low weight compared to North Carolina's rate of 7.5% during 2010-2014. For Hispanic births, 5.1% were low weight as compared to 6.7% for North Carolina.⁴⁹

Smoking during pregnancy can cause a mother to have baby with low birth weight. The percentage of Carteret County mothers who smoked during pregnancy declined from 19.0% in 2013 to 17.6% in 2014.⁵⁰

Child Deaths

During 2010-2014 a total of thirty-three (33) Carteret County children (less than 18) died. Nearly 30% of deaths were due to perinatal conditions, followed by both birth defects (18%) and illness (18%), all other (12%), other injuries (6.0%) and motor vehicles (6.0%). Over seventy-five percent (75.7%) of Carteret County's child deaths during 2010-2014 were among children less than one-year-old. Twelve (12%) percent of children deaths were among age 15-17, 6.0% were among children age 10-14, 3.0% were among children age 1-4 years and 3.0% were among children age 5-9.⁵¹

47 North Carolina Department of Health and Human Services, State Center for Health Statistics, County Data Book 2010-2014, <http://www.schs.state.nc.us/data/databook/>

48 North Carolina Child Health Snapshot, 2014, <http://www.ncchild.org/wp-content/uploads/2015/05/Carteret.pdf>

49 North Carolina Departments of Health and Human Services, State Center for Health Statistics, 2014 Low Birth Weights <http://www.schs.state.nc.us/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>

50 North Carolina Departments of Health and Human Services, State Center for Health Statistics, 2014 Vital Statistics <http://www.schs.state.nc.us/data/vital/volume1/2014/carteret.html>

51 North Carolina Departments of Health and Human Services, State Center for Health Statistics 2014 Infant and Child Deaths <http://www.schs.state.nc.us/data/vital/cd/2014/CFbyCO2014.pdf>

Other Child Health Status Data

Asthma

Asthma, a major chronic illness among school children, is the leading cause of absenteeism nationwide among school aged children. According to North Carolina Annual School Health

2014 Asthma Hospitalizations Rate, Age 0-14 (Per 100,000 populations)	
Carteret	154.9
Chatham	94.7
Haywood	90.1
Moore	79.7
Stanly	64.4
North Carolina	144.6
Source: North Carolina State Center for Health Statistics	

Services Report 2012-2013, there were 112,123 (7.9%) NC students known to school nurses as having asthma.⁵²

The North Carolina Hospital Discharge data- Primary Diagnosis of Asthma, Carteret County's rate of 154.9 per 100,000 populations is higher than North Carolina's

rate of 144.6 per 100,000 for youth ages 0-14 in 2014.⁵³

As the table above demonstrates, Carteret County has the highest rate of hospitalizations due to asthma in children ages 0 to 14 years of age compared to peer counties.⁵³

Child Lead Poisoning

Using the most current data available from 2011, there were 835 Carteret County children ages one and two years who were tested for lead poisoning. Three of these children had blood levels of ≥ 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$).⁵⁴

Childhood Obesity

According to the North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) 2012, Carteret County's rate for overweight for children ages 2-4 was 15.5% and the rate for children ages 2-4 was 16.7%. Carteret County's rate of overweight and obese children (32.2) was higher than North Carolina (29.4) and among three peer counties: Haywood (31.4%), Moore (30.7), and Stanly (29.3).⁵⁵

Teen Pregnancy

North Carolina and Carteret County's teen pregnancy rate has decreased over the past years. In 2014, Carteret County's pregnancy rate was 27.6 per 1,000 girls (age 15-19), a decrease from 30.0 per 1,000 girls (age 15-19) in 2013.⁵⁶ In 2014, Carteret County's teen pregnancy ranking was 64 out of 76 ranked North Carolina counties (1 being the highest rate and 76 the lowest). Note: all counties are not included in the rankings as rates are based on small numbers (fewer than 20 cases are unstable).⁵⁶

52 North Carolina Department of Health and Human Services, Annual School Health Services Report 2012-2013, <https://www2.ncdhhs.gov/dph/wch/doc/stats/SchoolHealthServicesAnnualReport2012-2013.pdf>

53 North Carolina Department of Health and Human Services, State Center for Health Statistics, County Health Book 2015, <http://www.schs.state.nc.us/data/databook/CD15%20Asthma%20hospitalizations%20by%20county.html>

54 NCDHHS, DPH, NC Childhood Blood Lead Surveillance Data by County, <http://ehs.ncpublichealth.com/hhccehb/cehu/lead/docs/2011AnnualBloodLeadTbl.pdf>

55 NC Nutrition and Physical Activity Surveillance System (NC-NPASS), 2011, 2012 NC-NPASS Data, Obesity and Children Ages 2-4 Years, www.eatsmartmovemorenc.com

56 NC DHHS, Division of Public Health, State Center for Health Statistics, NC Shift, http://files.www.shiftnc.org/data/map/northcarolina/2014_pregnancy_rates_ranked_15-19_organized_by_county_rank.pdf

Other Health Status Data (Adult Obesity and Substance Abuse)

Adult Obesity

According to “The State of Obesity: Better Policies for a Healthier America, North Carolina has the 24th highest obesity rate in the nation.⁵⁷ Though Carteret County specific data is not available, a review of the 2014 Behavioral Risk Factor Surveillance System (BRFSS) data indicates that 68.6% of eastern North Carolina adults have a body mass index greater than 25.00 (Overweight or Obese).⁵⁸

Percentage of BRFSS respondents who have a body mass index greater than 25.00 (overweight or obese) from 2009-2014.		
Year	Eastern North Carolina	North Carolina
2009	69.6%	65.4%
2010	70.2%	65.3%
2011	68.4%	65.1%
2012	67.8%	65.8%
2013	69.3%	66.1%
2014	68.6%	65.6%

Source: North Carolina State Center for Health Statistics, 2014 BRFSS

The following table illustrates the percentage of adults reporting they are overweight or obese. In 2014, 68.6% of adults in eastern North Carolina reported they were overweight or obese as compared to 65.6% of NC adults. Over the past years 2009-2014, adults continue to have higher rates in eastern NC than North Carolina as a whole.

Substance Abuse

Tobacco Use

According to the Centers for Disease Control, cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including nearly 42,000 deaths resulting from secondhand smoke exposure.⁵⁹ Smoking is still the leading cause of preventable death. Just over one in five adults (20.5%) in eastern North Carolina report they are current smokers compared to 19.1% of North Carolinians as a whole.⁶⁰ Eastern North Carolina data reflects a decline in smoking from 23.9% in 2011 to 20.5% in 2014.⁶⁰

Prescription Drugs and Alcohol

Substance abuse specifically with prescription drug use (for non-medical purposes) is a growing issue among adults and teens. According to the National Substance Abuse and Mental Health Service Administration Survey (SAMSHA) reported in 2014 that an estimated 24.6 million individuals aged 12 or older were current illicit drug users in 2013, including 2.2 million adolescents aged 12 to 17.⁶¹ In 2013, 60.1 million individuals aged 12 or older were past month binge drinkers, including 1.6 million adolescents.⁶¹

57 State of Obesity: Better Policies for a Healthier America, <http://stateofobesity.org/states/nc/>

58 North Carolina State Center for Health Statistics, 2014 Behavioral Risk Factor Survey, <http://www.schs.state.nc.us/data/brfss/2014>

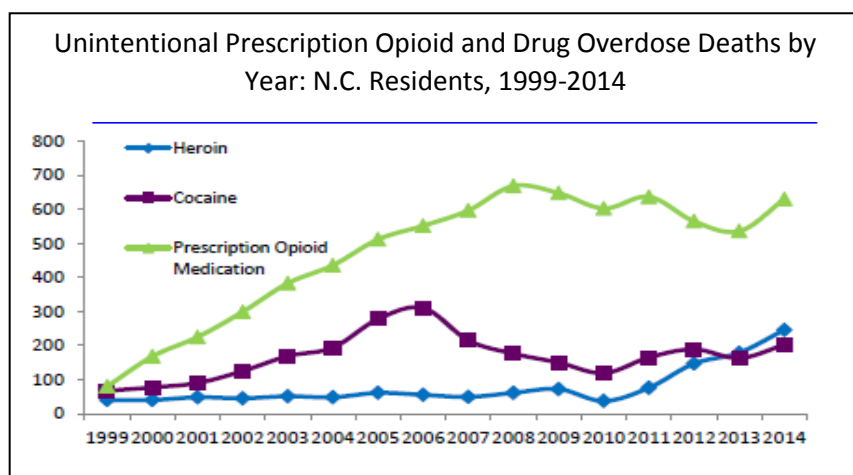
59 Centers for Disease Control, Smoking and Tobacco Use, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/

60 North Carolina State Center for Health Statistics, 2014 Behavioral Risk Factor Survey, <http://www.schs.state.nc.us/data/brfss/2014>

61 National Substance Abuse and Mental Health Service Administration, <http://www.samhsa.gov/data/>

In 2014, 13.3% of eastern NC adults reported that they binge drink (males-consuming five or more drinks, females- having four or more drinks on one occasion) compared to 13.6% adults in North Carolina as a whole.⁶² The data reflects a decline in binge drinking for eastern NC adults from 15.5% in 2011 to 13.3% in 2014.⁶²

A growing public health issue in North Carolina and Carteret is unintentional prescription drug poisoning or known as overdoses. In 2011, approximately 80% of the unintentional poisonings in North Carolina were related to prescription drugs, predominately painkillers.⁶³ Since 1999, the number of deaths (279) from unintentional poisonings has increased more than 300% in North Carolina.⁶³



The chart to the left illustrates how prescription opioid medications (oxycodone, hydrocodone, and methadone) are responsible for more deaths than cocaine and heroin from 1999-2014.

Source: NC Injury and Violence Prevention Branch

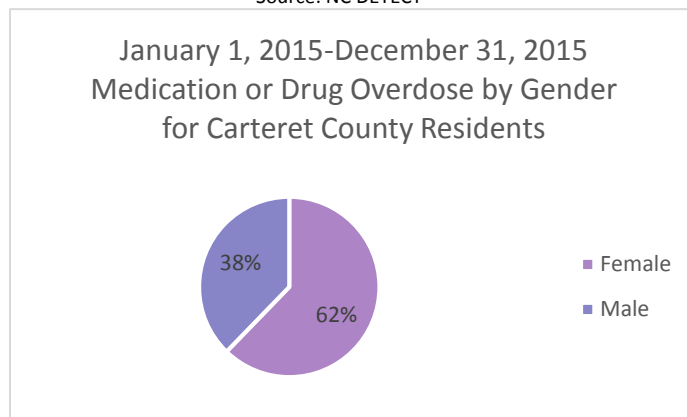
According to the NC Injury and Violence Prevention Branch, Carteret County is one of the top ten counties in NC with the highest number of unintentional poisonings and overdose deaths.⁶³

The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), allows health departments to obtain county data on Emergency Department visits. During 2015, Carteret County had a total of 206 ED visits for medication or drug overdoses.⁶⁴

The graph to the right represents medication or drug overdoses by gender during 2015. Out of the 206 overdose cases, 127 were females and 79 were males.⁶⁴

The average age of medication or drug overdoses in Carteret County during this same timeframe was 48.4 years old, with the highest age being 92 and the lowest age being under 1.

Source: NC DETECT



Emergency visits in Carteret County related to heroin overdoses have significantly increased since 2013. In 2013, only 7 visits were related to heroin overdoses as compared to 36 in 2015.⁶⁴

62 North Carolina State Center for Health Statistics, 2014 Behavioral Risk Factor Survey, <http://www.schs.state.nc.us/data/brfss/2014>

63 North Carolina Injury and Violence Prevention Branch, <http://www.injuryfreenc.ncdhhs.gov/preventionResources/UnintentionalPoisoning.htm>

64 North Carolina Disease Event Tracking and Epidemiologic Collection Tool: Medication or Drug Overdoses <http://www.ncdetect.org/>

Communicable Disease

Communicable Disease

Communicable diseases and/or illnesses that are considered to be a risk to public health are reported to North Carolina. The state requires over seventy- one diseases to be reported including, but are not limited to the ones identified in this section of the Community Health Needs Assessment.

Carteret County Health Department is responsible for investigating disease and/or illness outbreaks and implementing control measures to minimize further exposure and transmission of disease.

Table 1.1 indicates the number of newly reported cases by disease in 2015. Salmonellosis was the most prevalent disease, as shown in the table, but no cases were linked to outbreaks. Hepatitis C (chronic and acute) and Rocky Mountain Spotted Fever were also diagnosed more often in 2015 than other diseases.

Source: Carteret County Health Department, North Carolina Electronic Disease Surveillance System

Table 1.1 2015 Communicable Disease Report	
Disease	Total Cases*
Campylobacter	4
Encephalitis	4
Ehrlichiosis	1
Haemophilus Influenza	1
Hepatitis A	2
Hepatitis B (chronic/acute/perinatally acquired)	5
Hepatitis C (chronic/acute)	24
Legionellosis	2
Lyme Disease	11
Mumps	1
Pertussis	8
Rocky Mountain Spotted Fever	21
Salmonellosis	31
Shigellosis	1
Streptococcal Invasive Disease	1
Tuberculosis (latent, active)	20
Total	137

Communicable Diseases excluding Sexually Transmitted Disease (STDs) have increased significantly from 85 cases in 2013 to 137 cases in 2015.⁶⁵

Sexually Transmitted Diseases (STD/STIs)

Chlamydia

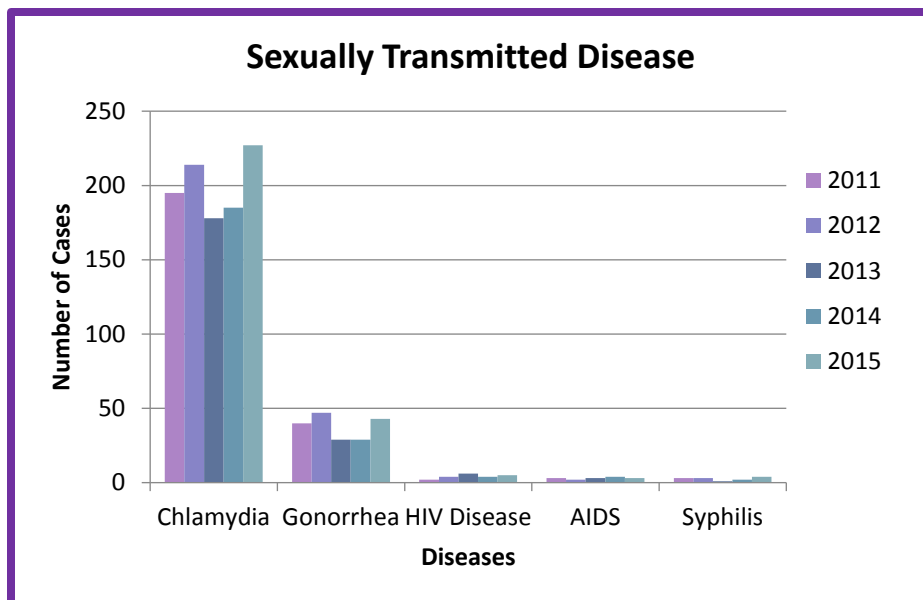
Chlamydia continues to be the most prevalent sexually transmitted disease (STD) in North Carolina. The rate of Chlamydia among females in North Carolina is over 2.5 times higher than the rate for males in 2014.⁶⁶ In regards to age groups, the highest rates in North Carolina are among 20-24 year olds, followed by 15-19 years. The 15-24 year olds comprised nearly 70% of the total chlamydia cases in 2014.⁶⁶

It is important to note that Chlamydial cases reported represent persons who have a laboratory- confirmed chlamydial infection. Chlamydia is often asymptomatic (without symptoms) in both female and male cases, and most cases are detected through clinical screenings.⁶⁶

Based upon reportable cases during 2010-2014, Chlamydia continues to be the most prevalent sexually transmitted disease (STD) in Carteret County, as shown in the graph below:

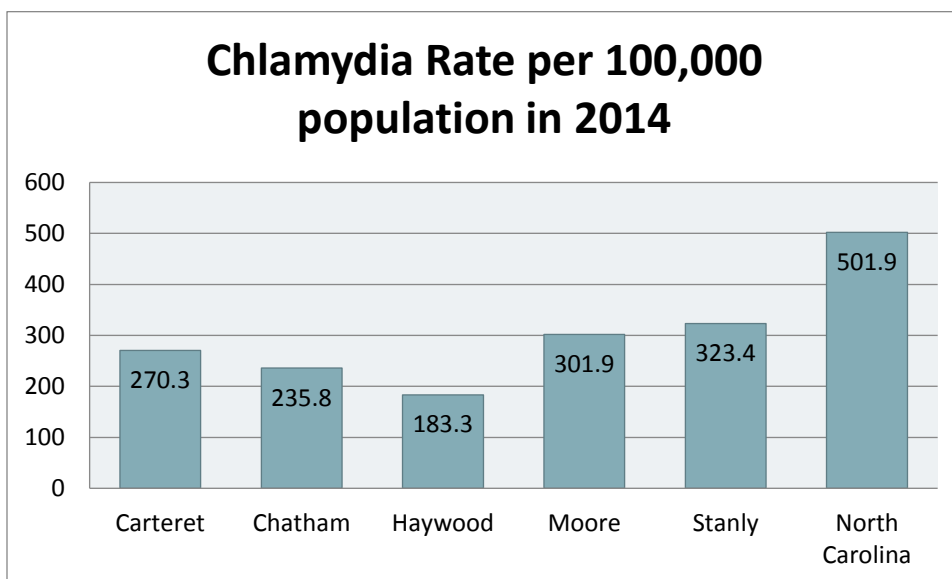
⁶⁵ Carteret County Health Department, NC Electronic Disease Surveillance System

⁶⁶ NC Division of Public Health, Communicable Disease Branch. 2014 HIV/STD Surveillance Report. Available at <http://epi.publichealth.nc.gov/cd/stds/figures/std14rpt.pdf>



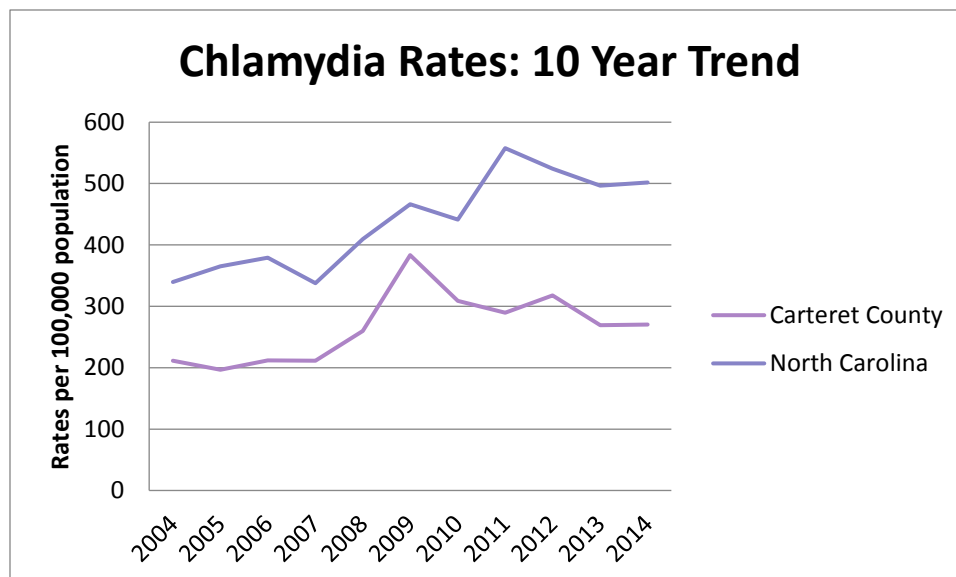
Source: Carteret County Health Department, North Carolina Electronic Disease Surveillance

Among peer counties, Carteret County has a higher rate (270.3) of Chlamydia than Haywood (183.3) and Chatham (235.8) but still is lower than North Carolina's rate (501.9) for 2014. Chlamydia rates have decreased in Carteret County from 317.6 in 2012 to 270.3 in 2014.⁶⁷



Source: North Carolina Division of Public Health, Communicable Disease Branch. HIV/STD Surveillance Report.

⁶⁷ NC Division of Public Health, Communicable Disease Branch. 2014 HIV/STD Surveillance Report. Available at <http://epi.publichealth.nc.gov/cd/stds/figures/std14rpt.pdf>

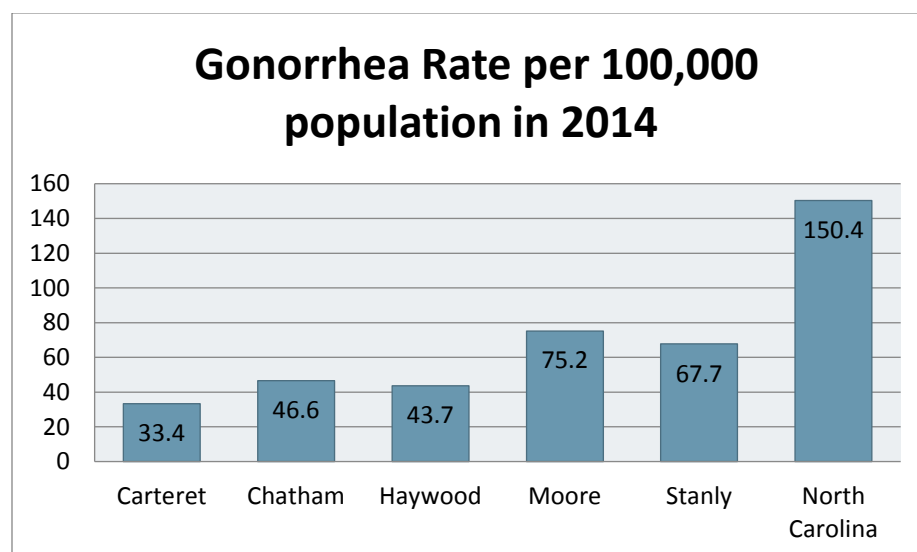


Source: North Carolina Division of Public Health, Communicable Disease Branch. HIV/STD Surveillance Reports ^{68, 69, 70}

Gonorrhea

Gonorrhea rates were the second most prevalent STD in Carteret County during 2010-2014. When compared to peer counties, Carteret County has the lowest rate (33.4) of Gonorrhea followed by Haywood County (43.7) with the second lowest. Carteret County's rate is significantly lower than North Carolina's rate (150.4).⁷¹

Similar to Chlamydia rates, the highest rates of Gonorrhea were among 20-24 year olds, followed 15-19 year olds. In 2014, African-American males and females comprised roughly 57% of the total Gonorrhea cases in North Carolina.⁷¹



Source: North Carolina Division of Public Health, Communicable Disease Branch. HIV/STD Surveillance Report.

68 NC Division of Public Health, Communicable Disease Branch. 2005 HIV/STD Surveillance Report. Available at

<http://epi.publichealth.nc.gov/cd/stds/figures/std05rpt.pdf>

69 NC Division of Public Health, Communicable Disease Branch. 2010 HIV/STD Surveillance Report. Available at

<http://epi.publichealth.nc.gov/cd/stds/figures/std10rpt.pdf>

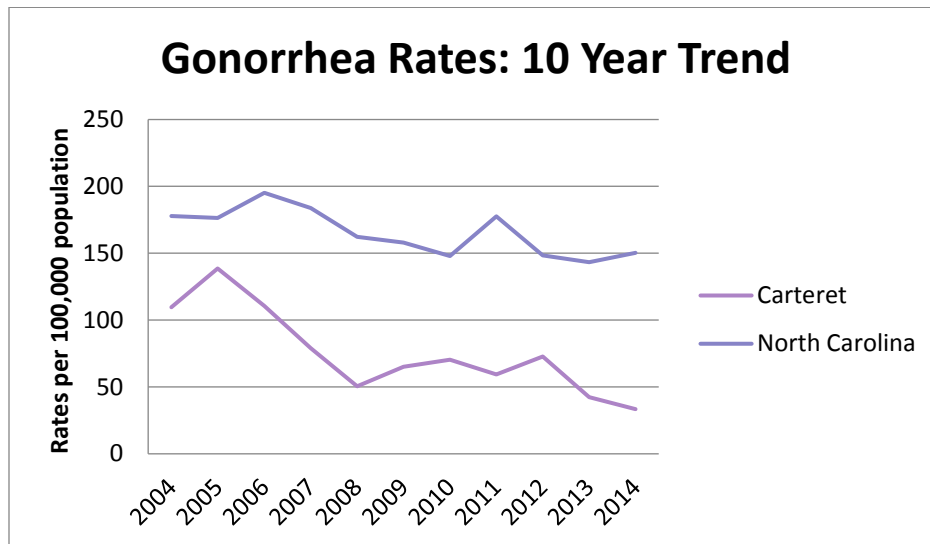
70 NC Division of Public Health, Communicable Disease Branch. 2012 HIV/STD Surveillance Report. Available at

<http://epi.publichealth.nc.gov/cd/stds/figures/std12rpt.pdf>

71 NC Division of Public Health, Communicable Disease Branch. 2014 HIV/STD Surveillance Report. Available at

<http://epi.publichealth.nc.gov/cd/stds/figures/std14rpt.pdf>

The graph below depicts the 10-year trend of Gonorrhea cases in Carteret County compared to North Carolina. As seen in the graph below, Carteret County has seen decreases in rates over the last 10 years.



Source: North Carolina Division of Public Health, Communicable Disease Branch. HIV/STD Surveillance Report.

HIV Disease/AIDS

In the 2014 North Carolina Surveillance Report, the three year (2012-2014) average rate of HIV disease in Carteret County was 5.8 per 100,000 population, which is lower than the state rate of 13.4.⁷² Based upon the average rate for 2012-2014, Carteret County is ranked 61 (out of 100 counties- 1 having the highest rate to 100 having the lowest). In Carteret County, the average rate for HIV has increased from 4.0 per 100,000 population during 2010-2012 to 5.8 per 100,000 population during 2012-2014.⁷²

HIV Rate/Ranks NC 2012-2014 (per 100,000 population)		
County/State	3 Yr. Avg. Rate (2012-2014)	Rank
North Carolina	13.4	--
Stanly	8.8	41
Moore	8.7	42
Chatham	3.0	82
Carteret	5.8	61
Haywood	1.7	86

Source: North Carolina Division of Public Health, Communicable Disease Branch. HIV/STD Surveillance Report.

⁷² NC Division of Public Health, Communicable Disease Branch. 2014 HIV/STD Surveillance Report. Available at <http://epi.publichealth.nc.gov/cd/stds/figures/std14rpt.pdf>

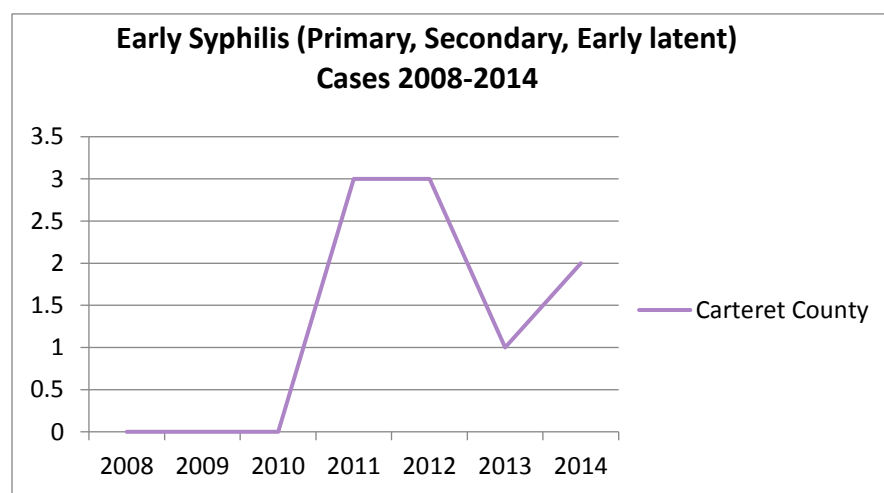
For AIDS cases, Carteret County had an average rate of 4.9 per 100,000 population for 2012-2014 which is still lower than NC's rate of 8.0.⁷³ In comparison to 2010-2012, Carteret County has seen an increase of rates with both HIV and AIDS. In the table below, Carteret County has the third lowest three-year average rate (4.9) of AIDS cases compared to peer counties.

AIDS Rate/Ranks NC 2010-2012 (per 100,000 population)		
County/State	3 Yr. Avg. Rate (2012-2014)	Rank
North Carolina	8.0	--
Moore	8.0	28
Chatham	4.0	54
Carteret	4.9	46
Haywood	1.7	84
Stanly	8.2	25

Source: North Carolina Division of Public Health, Communicable Disease Branch. HIV/STD Surveillance Report.

Syphilis

Syphilis another STD is classified by stage of infection (primary and secondary) which is reported through a combination of laboratory tests and patient interviews. As with the other STDs, the highest rate is among African-Americans and highest among the 20-29 year olds.



As shown in the graph, Carteret County saw an increase in cases during 2010 and then a decrease during 2012.

Source: North Carolina Division of Public Health, Communicable Disease Branch. HIV/STD Surveillance Reports^{74,75}

NC Division of Public Health, Communicable Disease Branch. 2014 HIV/STD Surveillance Report. Available at

<http://epi.publichealth.nc.gov/cd/stds/figures/std14rpt.pdf>

74 NC Division of Public Health, Communicable Disease Branch. 2010 HIV/STD Surveillance Report. Available at

<http://epi.publichealth.nc.gov/cd/stds/figures/std10rpt.pdf>

75 NC Division of Public Health, Communicable Disease Branch. 2012 HIV/STD Surveillance Report. Available at

<http://epi.publichealth.nc.gov/cd/stds/figures/std12rpt.pdf>

Environmental Health

Air Quality

The North Carolina Department of Environmental Quality (NCDEC) Division of Air Quality monitors outdoor air quality throughout the state to protect the public from harmful ozone and fine particle pollutants. The Environmental Protection Agency's (EPA) Air Quality Index Color Code Guide is used to inform and alert the public of air quality issues related to these pollutants. Air pollution levels in yellow, orange, red, purple categories exceed the EPA standards and may cause health risks for some populations.⁷⁸

The closest air quality monitors for Carteret County is Wilmington and Greenville.

According to Carteret County Environmental Health records, there has been no air quality issues reported in Carteret County over the past years.

Air Quality Index	Guidelines to protect your health
Good 0-50 Code Green	No health effects expected.
Moderate 51-100 Code Yellow	Unusually sensitive people: consider limiting prolonged or heavy exertion outdoors.
Unhealthy for Sensitive Groups 101-150 Code Orange	Children, active people, older adults, and those with heart or lung disease (like asthma): limit prolonged or heavy exertion outdoors.
Unhealthy 151-200 Code Red	Children, active people, older adults, and those with heart or lung disease (like asthma): avoid prolonged or heavy exertion. Everyone else: limit prolonged or heavy exertion outdoors.
Very Unhealthy 201-300 Code Purple	Everyone: avoid all exertion outdoors.

Source: NC Department of Environment of Environmental Quality, Division of Air Quality

Water Quality

There are many agencies and local organizations that work to protect the water quality in Carteret County.

For example the North Carolina Recreational Water Quality program is responsible for monitoring the ocean and beaches and notifying the public when levels of bacteria exceed the standards for safe bodily contact.⁷⁹ The program tests 240 swimming sites, most of them on a weekly basis during the swimming season (April-October).

Carteret County lacks centralized sewer systems outside of Beaufort, Morehead City, and Newport. The use of onsite wastewater systems or decentralized wastewater systems, commonly known as septic systems, makes up the remaining method of wastewater collection and treatment and regulated by the Carteret County Health Department's Environmental Health Division. According to Carteret County Environmental Health, there have been no significant reports of events related to water quality over the past years.

⁷⁸ NC Department of Environmental Quality, Division of Air Quality, <http://deq.nc.gov/about/divisions/air-quality>

⁷⁹ NC Department of Environment Quality, Division of Recreational Quality, <http://portal.ncdenr.org/web/mf/recreational-water-quality>

Access to Care/Hospitalization

During 2010-2014, the U.S. Census Bureau estimated that 16.3% of Carteret County's population was uninsured, and 37% of the population relied on public health insurance (i.e. Medicaid, Medicare, etc.).

The following table portrays the top seven leading causes of hospitalizations of residents in Carteret County and North Carolina for 2014.⁸⁰ The leading cause for both Carteret County and North Carolina is Cardiovascular and Circulatory Disease related problems.

Carteret County			North Carolina		
Rank	# of Cases	Diagnosis	Rank	# of Cases	Diagnosis
1	1,374	Cardiovascular and Circulatory Disease	1	149,289	Cardiovascular and Circulatory Disease
2	999	Heart Disease	2	121,795	Pregnancy and Childbirth
3	666	Digestive System Diseases	3	100,123	Heart Disease
4	603	Respiratory Disease	4	91,127	Other Diagnosis (incl. Mental Disorders)
5	559	Pregnancy and Childbirth	5	88,251	Respiratory Disease
6	598	Injuries and Poisoning	6	87,611	Digestive System Diseases
7	525	Musculoskeletal System Diseases	7	75,151	Injuries and Poisoning

Source: NC State Center for Health Statistics

North Carolina Health Professionals Data System- 2014⁸¹

	Total Physicians	Total Primary Care	Family Practice	General Practice	Internal Medicine	OB/GYN	Pediatrics	Other Primary Care	Other Specialties	Federal
Carteret County	109	47	10	1	7	6	6	17	62	4
North Carolina	23,063	8,545	2,370	136	2,024	810	1,572	1,633	14,518	848
Other Health Care Professionals										
	Chiropractors	Occupational Therapist	Optometrist	Pharmacist	Physical Therapist	Physician Assistant	Podiatrists	Practicing Psychologist	Respiratory Therapist	Dentist
Carteret County	11	15	13	87	45	32	2	12	40	50
North Carolina	1,646	2,997	1,150	10,546	5,827	4,790	289	2,138	4,201	4,681

Source: North Carolina Health Professions 2014 Data Book

In 2014, Carteret County was ranked 3rd in North Carolina for the largest number of Dentist per 10,000 population, and ranked 9th in the state for the largest number of Pharmacists per 10,000 population. While researching local health care services and in response to community feedback provided during listening sessions and the community survey completion, the need for health care providers of all specialties who accept all types of insurances was repeatedly mentioned.

80 North Carolina Department of Health and Human Services, State Center for Health Statistics, <http://www.schs.state.nc.us/>

81 North Carolina Health Professions 2014 Data Book, http://www.shepscenter.unc.edu/wp-content/uploads/2016/06/2014_NC_HPDS_Databook.pdf

Community Input and Primary Data Review

An online Community Health Opinion survey was available to community members and was completed by 504 Carteret County residents. In addition to the survey, nine (9) listening sessions were conducted from May 2016-June 2016 with various representatives from local agencies/organization and community groups. Feedback was provided by a total of 118 attendees regarding their opinions of Carteret County's health needs.

In the Community Health Opinion survey, one of the questions asked respondents to self-report if they had been diagnosed by a health care professional as having a chronic disease. The top diagnoses identified by respondents were Obesity/Overweight, Hypertension (High Blood Pressure) and Depression or Anxiety.

Respondents also shared that they feel like Carteret County is a safe place to live, a good place to raise children, and a good place to grow old. More than half of the respondents do not believe Carteret County has plenty of job opportunities. Respondents were satisfied with Carteret County having good healthcare and plenty of resources for people during times of need.

Higher paying jobs, positive teen activities, increased counseling/mental health/ support groups, and more affordable health services were identified as areas that respondents felt like needs improving in Carteret County. Respondents felt the community needed more information in regards to substance abuse prevention (drug and alcohol), eating well/nutrition, and quitting smoking/tobacco use prevention. When asked about their children's health education, respondents shared that their children need to learn more about all health issues.

Between the months of May 2016-June 2016, community representatives from health and human services, hospital foundation, emergency services, non-profits, aging, and local civic groups participated in listening sessions. During the sessions, participants provided their opinions on the major health issues, assets and barriers in Carteret County.

Participants identified the major health problems in Carteret County as follows: Access to Care (Cost, Lack of providers, Dental and Mental Health services, Transportation), Behavioral Health (Mental Health, Suicide, and Substance Abuse), Chronic Disease (Heart Disease, Cancer, Stroke, Diabetes), and Affordable Health Insurance (Cost and Copays increasing).

Current assets in Carteret County identified to address these major health problems include: Community Connection (try to take care of our own) and small town feel, Health Facilities and Programs, Community and Faith Agencies, Civic Groups and Organizations, and Recreational Activities (Beach, National Parks, and Trails).

Current barriers identified in Carteret County include: Lack of resources to address these health problems, lack of accessibility and navigation to the health care system, lack of sustainable paying jobs, health insurance and affordability of health care cost, transportation, lack of collaboration/coordination among agencies as well as community members and health care providers, and stigma of health problems.

Suggested key next steps include: increase and improve communication among agencies and the public on available resources, additional health and mental health services in the community; improve the transportation system; utilize patient advocates/navigators to access the health care system; improve health stigmas (mental health, etc.) through health education messages; and, improve planning and coordination among local, state and federal leaderships to address gaps in the health care system.

Process of Selecting and Identifying Health Priorities:

Key findings compiled from the secondary data and primary data, including the community's concerns were formally presented in June 2016 at the executive team meeting. This meeting was promoted to members of the executive team and an invitation was extended to additional community members, and key leaders to attend and become a part of the prioritization process. Following the presentation, attendees were given the "Health NC 2020: A Better State of Health" objectives and asked to select health categories they felt should be addressed over the next three years. Participants were asked to consider the data presented but also consider the following criteria when making their selection: 1) Magnitude of the problem defined as the number of people affected by the problem, 2) Seriousness of the problem defined as the number of premature death that occurs because of the problem as well as the potential impact on the community, 3) Feasibility to implement a successful intervention.

The health priorities selected were compiled, discussed and voted on during the meeting. The following categories were identified for Carteret County Health Department and Carteret Health Care to address for the next three years (2016-2019):

- Behavioral Health (including Substance Abuse)
- Access to Care
- Chronic Disease Prevention

Key findings from the CHNA were presented to Carteret Health Care Board of Trustees at their August 2016 Board meeting. This Board adopted the CHNA report, including the health priorities recommended.

Key findings from the CHNA were presented to the Health and Human Services Board at their October 2016 Board meeting. The Board adopted the CHNA report, including the health priorities recommended.

Next Steps

The next step in this process is to develop plans of action and improvement for addressing the above health priorities over the next three years (2016-2019). CHNA partners including Carteret County Health Department and Carteret Health Care, will be developing measurable objectives to address these priorities by using evidence-based strategies.

Annual Updates:

As required by the NC DHHS and the Local Health Department Accreditation Board, annual State of the County Health (SOTCH) reports containing community health status updates will be compiled. These annual reports will also contain progress made with the Health Department's action plans as well as Carteret Health Care's Implementation Strategy as required by the IRS. Updates regarding

community initiatives supported The reports will be posted on the Health Department and Hospital website and will be formally presented annually Carteret County Health and Human Services Board and Carteret Health Care's Board.

Appendices

Appendix A

2016 Community Health Needs Assessment Executive Committee

CHNA Executive Committee Members:

- Diana Vetter Craft, Health Education, Carteret County Health Department
- Betsy Lane, Director of Care Transitions and Community Health Programs, Carteret Health Care
- Mary Fournier, Health Education, Carteret County Health Department
- David Jenkins, Health Director, Carteret County Health Department
- Stephanie Cannon, Emergency Preparedness, Carteret County Health Department
- Len Gilstrap, Environmental Health, Carteret County Health Department
- Fonda Shipper, WIC, Carteret County Health Department
- Kim Davis, Clinical Services, Carteret County Health Department
- Clint Lewis, Director of Social Services, Carteret County Department of Social Services
- David Atkinson, Health and Human Services Director, Carteret County Department of Social Services and Health Department
- Asa Buck, Sheriff, Carteret County Sheriff's Department
- Carol Wray, Chair, Consolidated Health and Human Services Board
- Shawn Banks, Director, Carteret County Cooperative Extension
- Jessica Forsberg, Carteret County Parks and Recreation
- Erin Fitzpatrick, Broad Street Clinic
- Sherry Peel, Director, Carteret County Partnership for Children
- Greg Lewis, Interim Director, Carteret Economic Development
- Beth Belcher, Director of Student Services Support, Carteret Community College
- Kathy Foster, Instructor, Carteret Community College
- Karen Reaves, System of Care Coordinator, Trillium
- Deanna Campbell, Regional Director, Trillium
- Janet Grainge, Aging Services of Carteret County
- Dr. Sue Kreuser, Director of Testing, Assessment, and Student Achievement, Carteret County Schools

Additional Staff who contributed to the 2016 Community Health Needs Assessment

- Jesse Dail, Environmental Health Director, Carteret County Health Department
- Christopher Trainor, MPH Intern- Health Education, Carteret County Health Department

Appendix B

2016 Community Listening Sessions Summary

Listening Sessions

Nine (9) listening sessions were held across the county between the months of May 2016-June 2016. There were a total of 118 participants. Leaders and community representatives from health and human services, hospital foundation, emergency services, non-profits, aging, and local civic groups participated in listening sessions.

Below is a list of the sessions held and the number of participants for each session.

- Department of Social Services (42)
- Diabetes Learning Center (5)
- Leon Mann Senior Center (18)
- Carteret Health Care Foundation Donors (12)
- Broad Street Clinic (8)
- Peer Recovery Center (8)
- Coastal Community Action (10)
- Atlantic Beach Fire Department (5)
- Down East Council (10)

During the sessions, the participants were asked to respond to four questions.

- 1) What are the major health problems/concerns in our community?
- 2) What are the current assets within our community to address these problems/concerns?
- 3) What are the barriers within our community that may impact these problems/concerns?
- 4) What should be our key next steps to addressing these problems/concerns?

Each listening session had at least one person taking notes (chart paper) and one person who facilitated the meetings. The notes were then transcribed and reviewed to identify emergent themes for each of the four questions asked during the session.

The following health problems/concerns were identified most often:

- Access to Care
- Behavioral Health
- Chronic Disease
- Affordable Health Insurance
- Lack of Communication
- Economy (sustainable paying jobs)

Access to Care most often included access to primary care, dental care, and mental health as well as lack of coordination/communication among providers and/or agencies. Participants noted the difficulty finding what resources (health care providers and agencies) are available for community members. Other issues for access to care included the concern for the cost of health care including prescription medication, transportation and stigmas related to health issues.

Suicide, Depression, and anxiety, as well as, the lack of mental health services were the major concerns that emerged for behavioral health. Substance abuse was identified as both abuse/misuse of prescription drugs, tobacco (e-cigarettes), alcohol, as well as use of illegal substances.

Heart Disease, cancer, stroke, diabetes were identified by participants as the most prevalent chronic diseases for Carteret County residents. Risk factors such as Obesity, lack of physical activity, nutrition and tobacco use associated with these chronic illnesses were also mentioned frequently by participants.

Affordable health insurance was mentioned by participants as a health concern for county residents. Participants frequently discussed that health insurance coverage and copays continue to increase, causing difficulty to pay for quality health care services.

Lack of communication was frequently mentioned as a concern by participants. Lack of communication included agencies sharing health information, resources available in the community, to what events were happening in the community. The participants also mentioned the lack of coordination and communication among municipalities in the county.

Finally, the economy was identified as a concern/problem for the county. Sustainable paying jobs were frequently mentioned as the most important issue for the county economy. Other areas identified for economy were lack of job opportunities and low wages.

The following table summarizes the top concerns identified at each listening session.

Agency / Organization / Group	Access to Care	Lack of Communication	Behavioral Health/Substance Abuse	Affordable Insurance	Chronic Illness	Economy
Department of Social Services (DSS) (42)	X		X		X	X
Diabetes Learning Center Group (5)	X	X	X		X	
Leon Mann Senior Center (18)	X	X		X		X
Carteret HealthCare Foundation Donors (12)	X	X	X		X	
Broad Street Clinic (8)	X		X	X	X	
Peer Recovery (8)	X	X	X	X		
Coastal Community Action (10)	X		X	X		X
Down East Council (10)	X	X	X		X	
Atlantic Beach Fire Department (5)	X	X	X		X	

Current Assets

When asked about the current assets in Carteret County to address the health problems/concerns identified, participants repeatedly identified health facilities such as Carteret Health Care, Carteret County Health Department, Broad Street Clinic and all the programs associated with these facilities.

Participants also identified a number of community and government agencies such as Department of Social Services (DSS), Coastal Community Action, Fire/EMS Departments, Law Enforcement, Carteret County School System, Carteret County Area Transport System (CCATS), Peer Recovery Center, Hope Mission and Leon Mann Senior Center. Faith organizations and the resources they offer were recognized as assets as well as the specific programs that various churches provide to their congregations and surrounding communities.

Carteret Community College was identified as an asset along with the university programs, marine fisheries.

Recreational facilities were mentioned as an asset, though participants identified the need for more recreational facilities and activities for youth. Other assets mentioned included Tourism, and the community connection (taking care of each other).

Current Barriers

While participants identified the health care system as an asset, the health care system was also identified as a barrier. Within the health care system category, issues such as the lack of resources to address these health problems, challenges with navigating the health care system, and lack of follow-up and coordination by health care providers were all seen as key factors in impeding progress. Several participants expressed concern over the lack of availability of resources for mental health, substance abuse, dental care, and specialty physicians.

Financial barriers were also identified to include not only low paying jobs and unemployment, but also the high cost of health insurance and copays. Participants also discussed the disadvantage of being classified as a Tier 3 county because it limits the funding opportunities to improve services.

Finally lack of collaboration and coordination among community members and health care providers as well as agencies was identified as needing improvement. Other areas included stigma surrounding certain health issues and transportation.

Key Next Steps

Participants were asked to identify key next steps that need to be addressed in order to begin impacting the health issues. The need to provide additional health and mental health services in the community was frequently mentioned. Suggestions included more providers who would see high risk clients for chronic illness, more mental health providers, more substance abuse programs, reducing the non-urgent admissions to the emergency room, and more providers accepting Medicaid.

Participants also discussed the frustration regarding the lack of knowledge and availability of all the health care services offered in Carteret County. It was suggested to have an online resource list that could be updated regularly with additions or changes. This online resource should include the health insurances accepted as well as what health services are offered.

Appendix C

2016 Online Community Health Opinion Survey

A Community Health Opinion survey (online and paper) was available to community members from January to June 2016 and was completed by 504 Carteret County residents. Below are the survey results.

In order to complete the surveys, the respondents had to be 18 years and older and a Carteret County resident.

Health Information

Question 3: How do you feel about the following statements?

Answer Options	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. There is good healthcare in Carteret County.	7.97%	22.71%	27.39%	35.06%	6.97%
b. Carteret County is a good place to raise children.	2.39%	5.18%	14.54%	51.99%	25.90%
c. Carteret County is a good place to grow old.	2.61%	8.03%	14.06%	49.60%	25.70%
d. There are plenty of job opportunities in Carteret County.	26.79%	34.48%	23.61%	9.13%	0.99%
e. Carteret County is a safe place to live.	1.00%	1.80%	11.18%	62.28%	23.75%
f. There is plenty of help and resources (i.e. support groups, faith community outreach, community organizations, and emergency financial assistance) for people during times of need in Carteret County.	6.57%	16.93%	30.68%	37.45%	8.37%

Question 4: From the following list, what one issue do you think most affects the quality of life in Carteret County? (Please choose only one)

Answer Options	Response Percent	Response Count
Pollution (air, water, land)	2.6%	13
Dropping out of school	0.6%	3
Low income/poverty	11.7%	59
Lack of jobs/ low paying jobs	44.8%	226
Homelessness	0.6%	3
Lack of/inadequate health insurance	6.5%	33
Depression/mental health issues	4.0%	20
Discrimination/ racism	1.4%	7
Lack of community support	0.8%	4
Elder abuse	0.0%	0
Child abuse	0.4%	2
Domestic Violence	0.0%	0
Substance abuse	18.7%	94

Violent crime (murder, assault)	0.2%	1
Theft	0.4%	2
Rape/sexual assault	0.0%	0
None	1.2%	6
Other (please specify)	6.2%	31
Total Respondents	100%	504

Other (please specify) responses:

- “Depression and Substance Abuse”
- “Lack of activities for families and children”
- “Lack of primary care physicians”
- “Hospital not accepting BCBSNC”
- “Apathy towards working class”
- “Apathy towards voters and uneducated voters”
- “Fishing Laws”
- “Lack of quality, affordable help for mental health issues”
- “Cost of Living”
- “Affordable housing”
- “Low income and lack of jobs”

Question 5: From the following list, which one service or resource do you think needs the most improvements in your community? (Please choose only one)

Answer Options	Response Percent	Response Count
Animal Control	0.4%	2
Child care options	0.8%	4
Elder care options	2.6%	13
Services for persons with disabilities	1.2%	6
More affordable health services	8.7%	44
Better/more healthy food options	1.8%	9
More affordable/better housing	5.6%	28
Number of health care providers	4.6%	23
What kind of provider? <ul style="list-style-type: none"> • Primary Care physicians • Internal Medicine • Mental Health Providers • Specialist (GI, Neurology, Infectious Disease) 		
Culturally appropriate health services	0.4%	2
Increased counseling/mental health/ support groups	10.5%	53
Better/more recreational facilities (parks, trails, community centers)	4.8%	24
Healthy family activities	2.0%	10
Positive teen activities	14.3%	72
Transportation options	3.2%	16

Availability of employment	8.1%	41
Higher paying employment	23.8%	120
Road maintenance	2.4%	12
Road safety	0.4%	2
None	0.8%	4
Other (please specify)	3.8%	19
Total Respondents	100%	504

Other (please specify) responses:

- “More recreational facilities”
- “Higher paying jobs, mental health treatment, and better affordable housing”
- “More help with substance abuse”
- “Local hospital needs to be in contract with the main health insurer in NC”
- “Ending the server neglect of Endometriosis patients. This is a genetic disease we are born with. We did nothing to deserve this. Medical professionals need to understand what Endometriosis really is and how very serious it is.”
- “All of the above”
- “Help teens with substance abuse, prescription drug abuse with teens”
- “Public Transportation”
- “Water that is drinkable”

Question 7: From the following list, which health behavior do you think that people in your community need more information about? (Please choose only one)

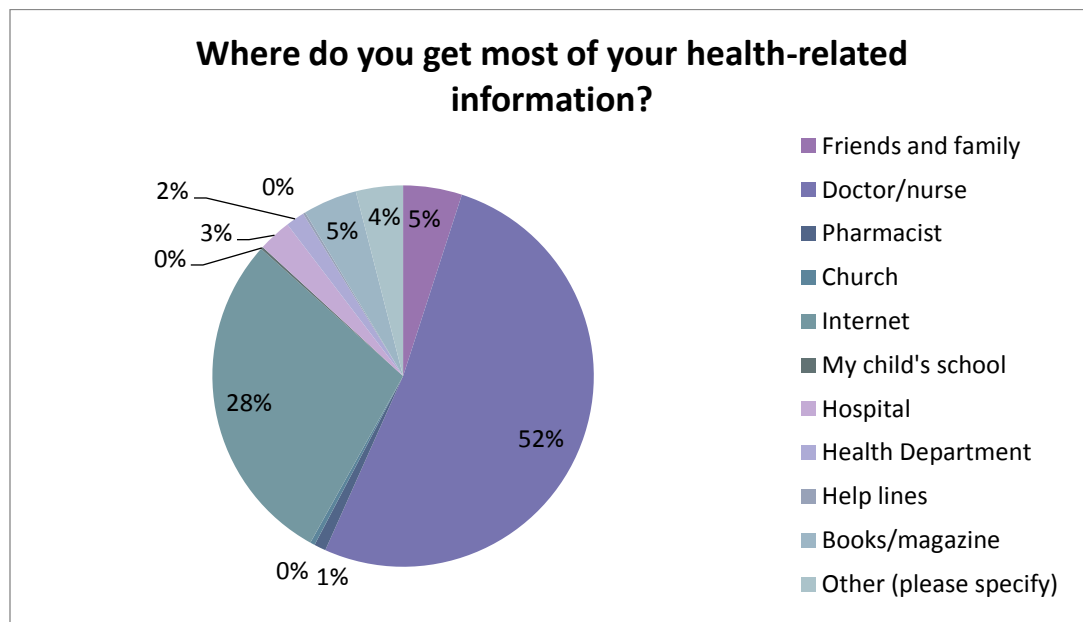
Answer Options	Response Percent	Response Count
Eating well/nutrition	10.71%	54
Exercising/fitness	3.17%	16
Managing weight	4.56%	23
Going to a dentist for check-ups/preventive care	0.99%	5
Going to the doctors for yearly check-ups and screenings	5.16%	26
Getting prenatal care during pregnancy	0.20%	1
Getting flu shots and other vaccines	0.40%	2
Preparing for an emergency/disaster	3.77%	19
Using child safety seats	0.00%	0
Using seat belts	0.00%	0
Driving safely	1.39%	7
Quitting smoking/tobacco use prevention	5.56%	28
Child care/parenting	5.36%	27
Elder care	2.98%	15
Caring for family members with special needs/disabilities	4.56%	23
Preventing pregnancy and sexually transmitted disease (safe sex)	2.58%	13

Substance abuse prevention (i.e. drugs and alcohol)	33.93%	171
Suicide prevention	1.19%	6
Stress management	4.76%	24
Anger management	0.79%	4
Domestic violence prevention	0.40%	2
Crime prevention	0.40%	2
Rape/sexual abuse prevention	0.20%	1
None	2.58%	13
Other (please specify)	4.37%	22
Total Health Topics Picked	100%	504

Other (please specify) responses:

- “More mental health services”
- “Bullying in schools causing depression, substance abuse, and possible suicide”
- “Finding Medical Homes”
- “All areas are important”
- “PTSD”
- “Endometriosis Awareness”
- “Teen Mental Health”
- “Getting a job and maintaining employment”

Question 8: Where do you get most of your health-related information?



Other (please specify) responses:

- “Veterans ADM (Medical)”
- “Job”
- “Combination of sources”
- “It is hard to just pick one”

- “School nurse”
- “Family from out of town”
- “Nutritionist”
- “Broad Street Clinic”

Question 9: How many Children do you have in your household between the ages of 0-18 for whom you are the parents or legal guardian?

Number	Percent	Total
No Children	67.96%	367
1	13.15%	71
2	14.26%	77
3	3.70%	20
4	0.37%	2
5	0.56%	3
Total Respondents	100.00%	504

Question 10: Which of the following health topics do you think your child/children need(s) more information about? (Rate your top three- with 1 being your top choice, etc.)

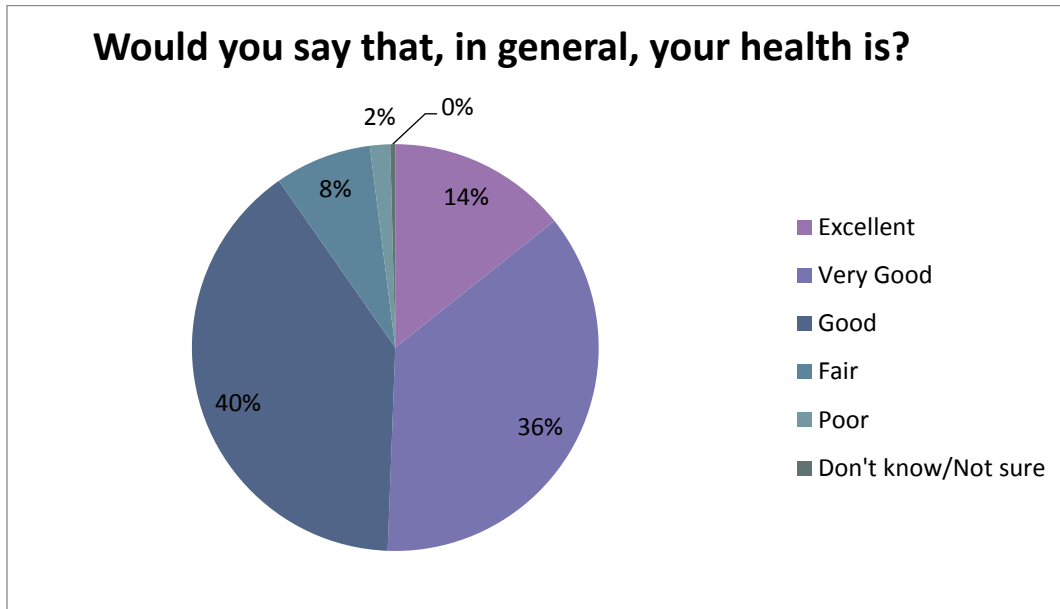
Answer Options	Total Number Responses	Percentage
Dental Hygiene	25	4.09%
Nutrition	73	11.95%
Physical Activity	71	11.62%
Eating Disorder	3	0.49%
Asthma management	4	0.65%
Diabetes management	3	0.49%
Tobacco	23	3.76%
STD/STI's	21	3.44%
Birth Control options	14	2.29%
Sexual intercourse	21	3.44%
Alcohol	28	4.58%
Drug Abuse	117	19.15%
Weight management	34	5.56%
Reckless driving/speeding	25	4.09%
Mental Health issues	48	7.86%
Suicide Prevention	23	3.76%
Bullying issues	68	11.13%
Other (please specify)	10	1.64%

Other (please specify) responses:

- “Self Defense”
- “College Planning”
- “Childhood Development”

- “Work ethic and family”
- “Being part of a community, tolerance, understanding, etc.

Question 11: Would you say that, in general, your health is?



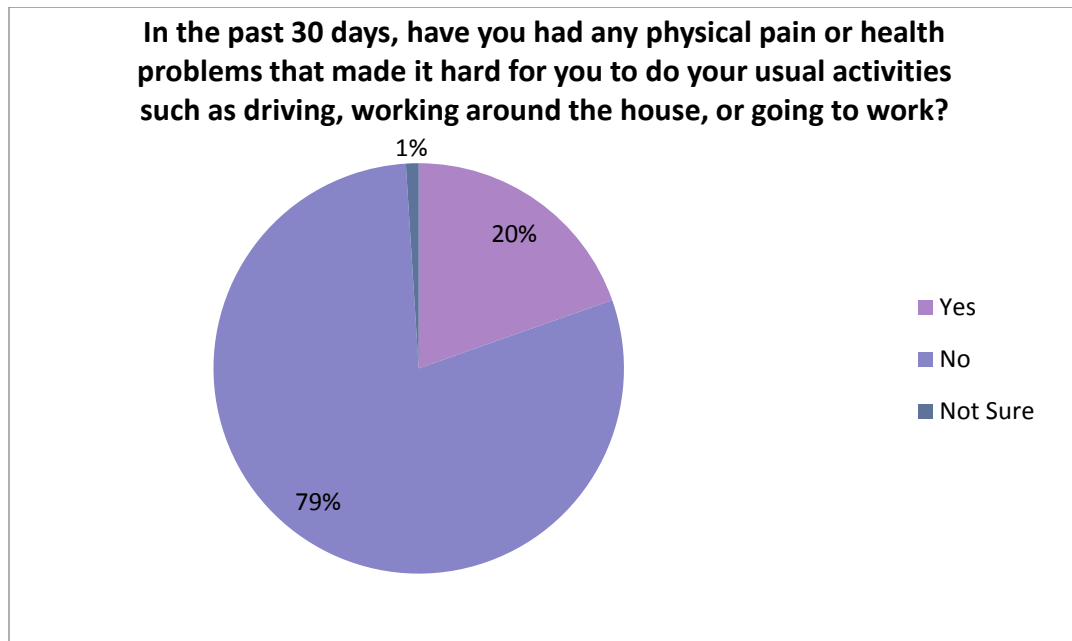
Question 12: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (Check all that apply)

Answer Options	Response Percent	Response Count
Hypertension (high blood pressure)	24.8%	125
Angina (chest pain)	0.8%	4
Heart Disease	1.2%	6
Cancer	9.3%	47
What Kind: <ul style="list-style-type: none"> • Skin Cancer • Cervical Cancer • Colorectal Cancer • Breast Cancer • Brain Cancer 		
Overweight/Obesity	26.2%	132
Asthma	7.3%	37
Depression or Anxiety	20.6%	104
Diabetes (not during pregnancy)	8.5%	43
COPD (Chronic Obstructive Pulmonary Disease)	1.0%	5
Stroke	0.6%	3
Mental Health Illness	2.2%	11
None	38.9%	196
Other (please specify)	6.9%	35

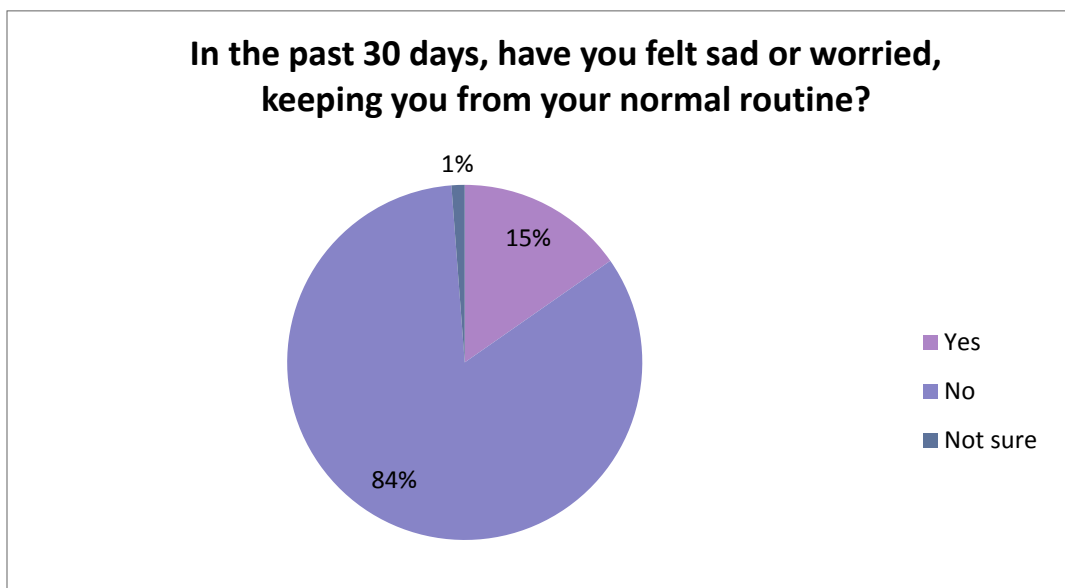
Other (please specify) responses:

- “Allergies”
- “prediabetes”
- “arthritis”
- “multiple sclerosis, epilepsy”

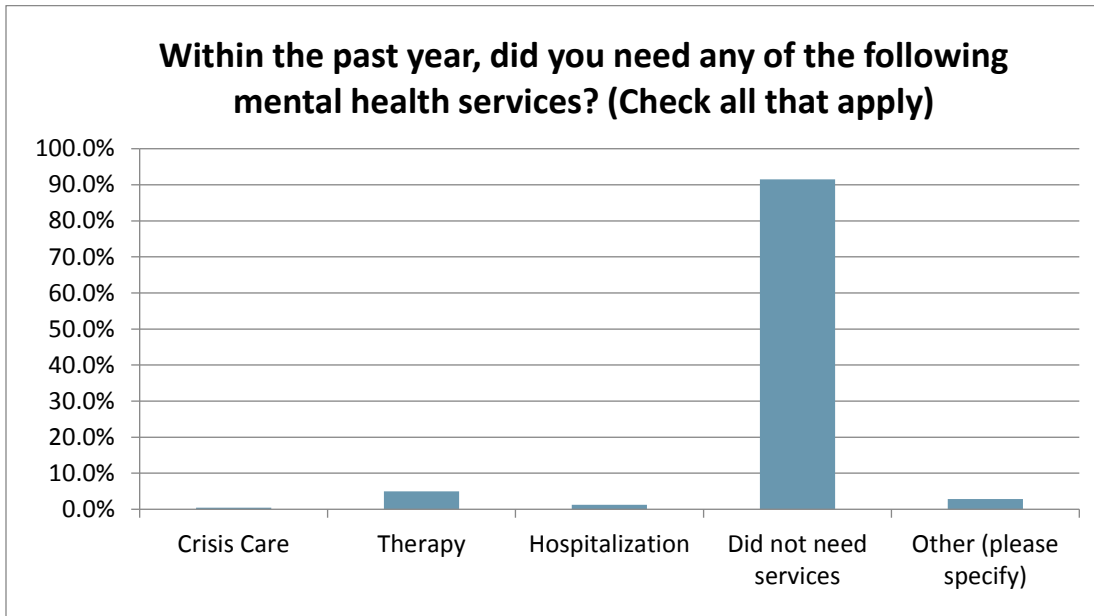
Question 14: In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?



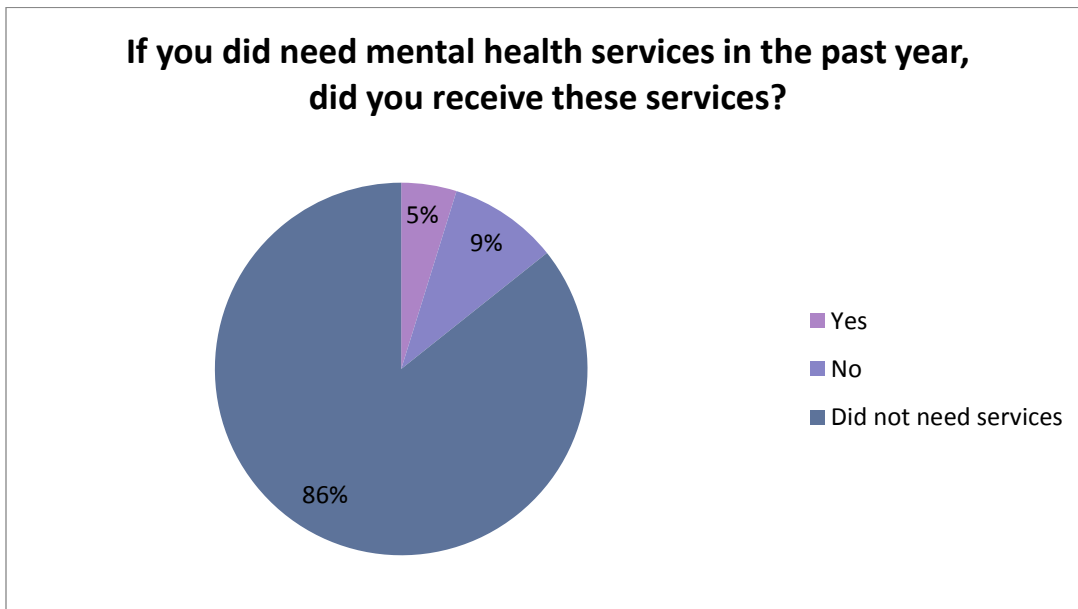
Question 15: In the past 30 days, have you felt sad or worried, keeping you from your normal routine?



Question 16: Within the past year, did you need any of the following mental health services?
(Check all that apply)



Question 17: If you did need mental health services in the past year, did you receive these services?



Respondents were asked to explain why they did not receive services, see the responses below:

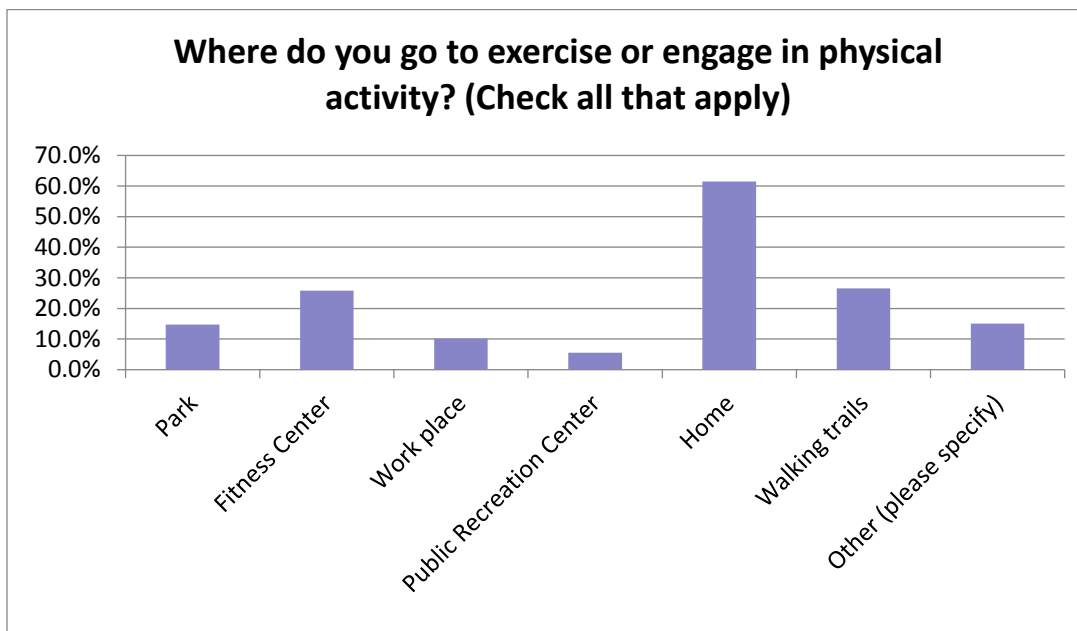
- “No good mental health places”
- “Cost and time”
- “No one accepts my insurance in the area”
- “Couldn’t afford the medicine”

Personal Health

Question 18: During a normal week, other than in your job, how many times do you exercise or engage in physical activity that lasts at least a half an hour?

Times a week	Number	Percentage
None	78	15.48%
1	34	6.75%
2	66	13.10%
3	109	21.63%
4	55	10.91%
5	67	13.29%
6	12	2.38%
7	35	6.94%
8	1	0.20%
10	3	0.60%
Unspecified	44	8.73%
Total Respondents	504	100.00%

Question 19: Where do you go to exercise or engage in physical activity? (Check all that apply)



Other (please specify) responses:

- "Beach"
- Neighborhood"
- "Private Gym"
- "Water fronts"

Question 20: If you answered "zero" or none in question 18, what is the main reason you do not exercise for at least half hour 5 days per week? (Choose only one)

Answer Options	Response Percent	Response Count
My job is physical or hard labor	6.3%	12
Exercise is not important to me	0.0%	0
I don't have access to a safe place to exercise	1.6%	3
I don't have enough time to exercise	32.3%	61
I would need child care and I don't have it	3.2%	6
I don't know how to find exercise partners	1.1%	2
I don't like to exercise	10.1%	19
Costs too much to exercise	2.6%	5
I'm too tired to exercise	14.8%	28
I'm physically disabled	4.2%	8
I don't know	11.6%	22
Other (please specify)	12.2%	23
<i>answered question</i>		189
<i>skipped question</i>		315

Other (please specify) responses:

- "Chronic illnesses"
- "Walking when weather permits"
- "I'm lazy"

Question 21: Thinking about ALL the vegetables (fresh, canned, or frozen) you ate over the last month- On average, how many servings of vegetables did you usually eat each day? Consider one serving of vegetables to be one medium-sized whole vegetable (about the size of a baseball or fist), one cup of chopped or canned vegetables, or two cups of raw, leafy greens or lettuce.

Serving Size	Number	Percentage
1	95	18.85%
2	144	28.57%
3	106	21.03%
4	48	9.52%
5	29	5.75%
6	11	2.18%
7	1	0.20%
Unspecified	70	13.89%
Total Respondents	504	100.00%

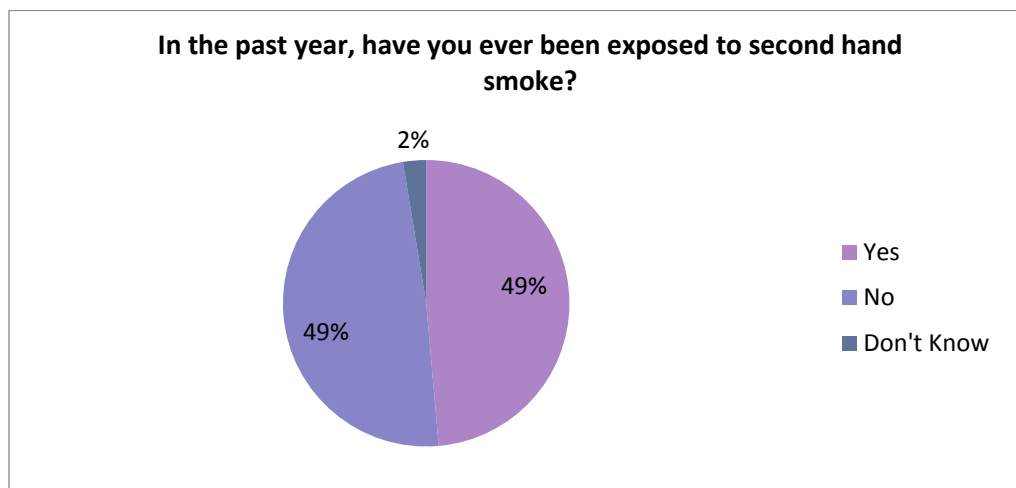
Question 22: For all the fruits (fresh, canned, or frozen) you ate over the past month- On average, how many servings of fruit did you usually eat each day? Consider one serving of fruit to be one-medium sized whole fruit (about the size of a baseball or fist), or one cup of chopped or canned fruit. Include only fresh, frozen, and/or canned fruits, but not fruit juice.

Serving Size	Number	Percentage
0	35	6.94%
1	143	28.37%
2	160	31.75%
3	71	14.09%
4	24	4.76%
5	12	2.38%
6	3	0.60%
7	2	0.40%
Unspecified	54	10.71%
Total Respondents	504	100.00%

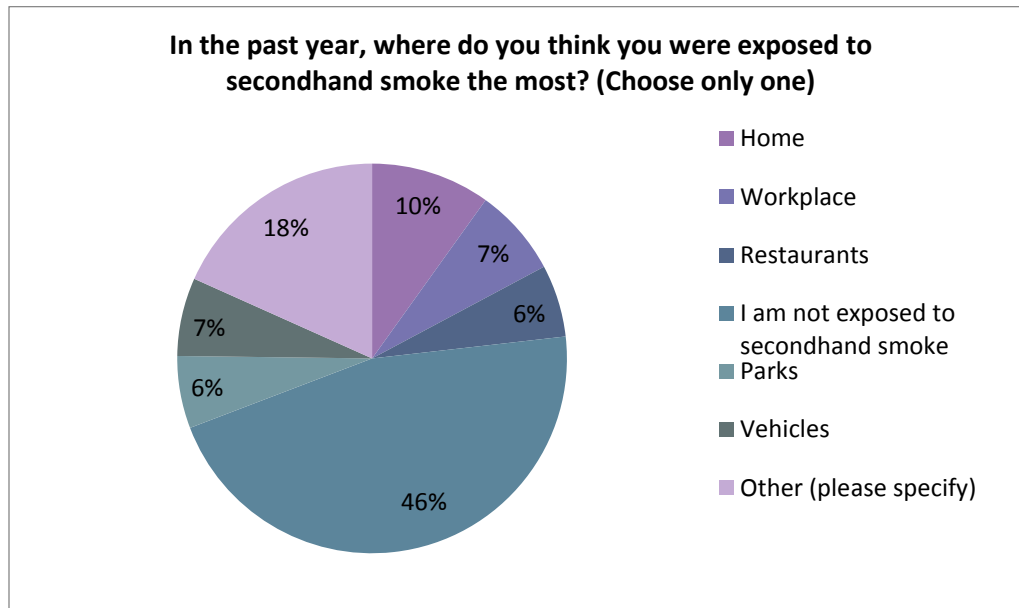
Question 23: Please think about the places that you can buy groceries in the neighborhood near where you live (within a 20 minute walk or about one mile from your home). For each of the following statements, please tell whether you strongly agree, agree, disagree, or strongly disagree.

Answer Options	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
It is easy to buy fresh fruits and vegetables in my neighborhood.	158	224	63	55	3
The fresh produce in my neighborhood is of high quality.	110	245	85	48	14
There is a large selection of fresh fruits and vegetables in my neighborhood.	123	224	89	62	4

Question 24: In the past year, have you ever been exposed to second hand smoke?



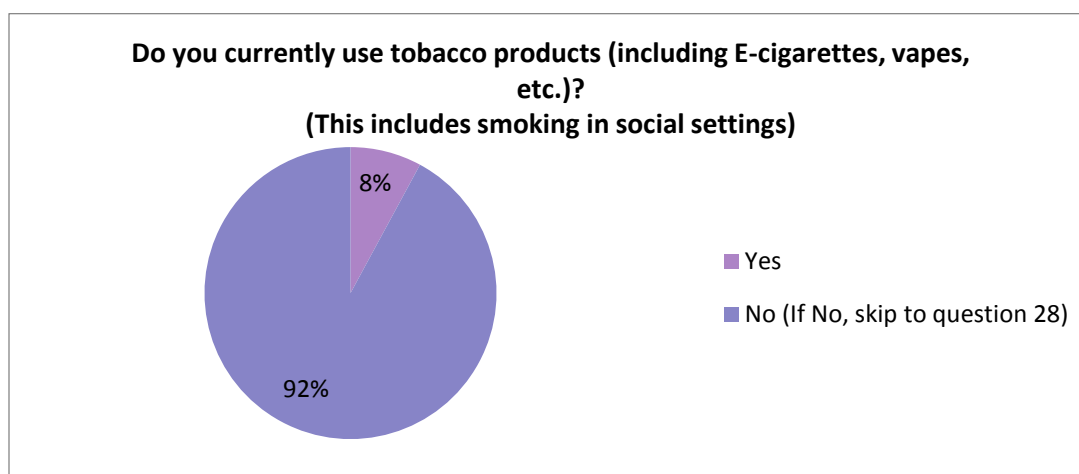
Question 25: In the past year, where do you think you were exposed to secondhand smoke the most? (Choose only one)



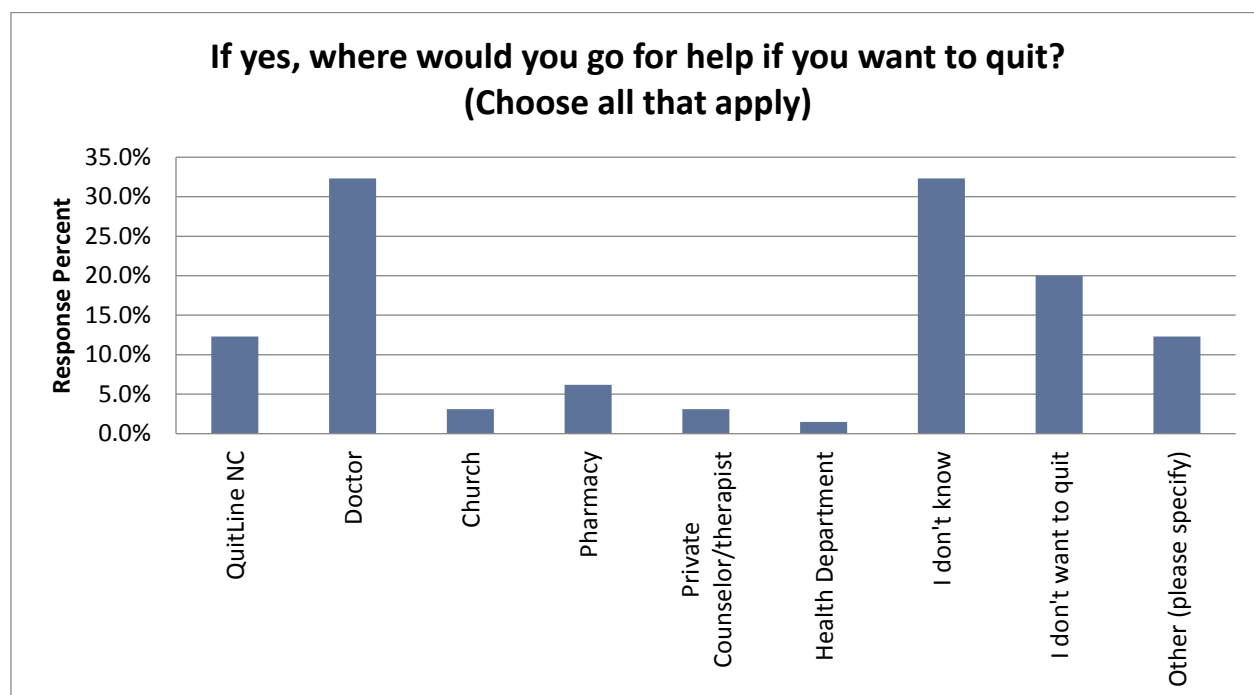
Other (please specify) responses:

- "Visiting Friends"
- "Outside workplace"
- "Outside bars and restaurants"
- "Beach"
- "Entrance ways at stores"
- "Social Gatherings"
- "Friends/Family homes"

Question 26: Do you currently use tobacco products (including E-cigarettes, vapes, etc.)? (This includes smoking in social settings)



Question 27: If yes, where would you go for help if you want to quit? (Choose all that apply)



Other (please specify) responses:

- “I would stop smoking as I have in the past. Not a big deal.”

Access to Care

Question 28: Where do you usually go when you are sick? (Rate your top three- with 1 as your top choice, etc.)

Answer Options	Response Total Number	Percent
Doctor's office	481	95.44%
Health Department	29	5.75%
Hospital	249	49.40%
Medical Clinic	83	16.47%
Urgent Care	344	68.25%
(Free Clinic) Broad Street Clinic	7	1.39%
Other (please specify)	30	5.95%

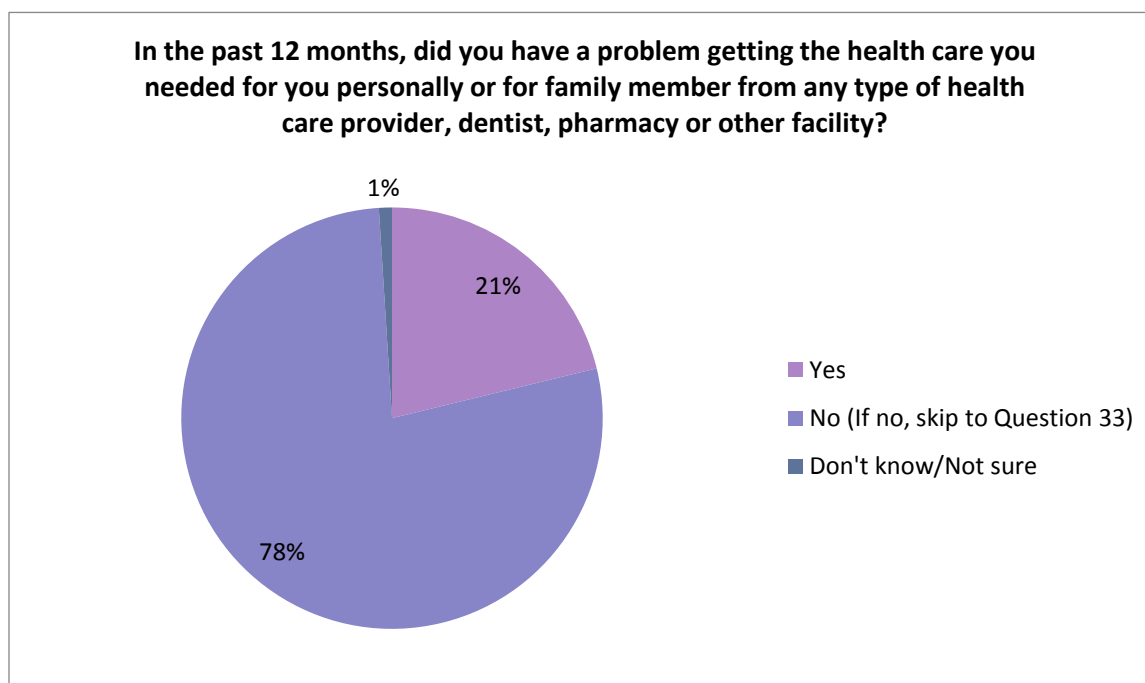
Other (please specify) responses:

- “Specialist”
- “I usually stay at home because my insurance is terrible and I can’t afford to seek medical help.”
- “Veteran Hospital”
- “I practice Christian Science and treat and heal immediately.”
- “Depends on how sick I am and how fast I can get an appointment with my doctor.”

Question 29: What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills. (Note: The state Employee Health Plan is also called the “North Carolina Teacher’s and Employee Health Plan. Medicare is a federal health insurance program for people 65 and older or some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.) Choose only one.

Answer Options	Response Percent	Response Count
The State Employee Health Plan	38.9%	196
Blue Cross and Blue Shield of North Carolina	47.6%	240
Other private health insurance plan purchased from employer or workplace	2.0%	10
Other private health insurance plan purchased directly from and insurance company	0.4%	2
Medicare	5.8%	29
Medicaid or Carolina Access, or NC Health Choice	0.4%	2
The military, Tricare, CHAMPUS or the VA	2.6%	13
The Indian Health Service	0.0%	0
Other (government plan)	1.2%	6
No health plan of any kind	0.8%	4
Don't know/Not sure	0.4%	2
Total Respondents	100.00%	504

Question 30: In the past 12 months, did you have a problem getting the health care you needed for you personally or for family member from any type of health care provider, dentist, pharmacy or other facility?



Question 31: Which of the following problems prevented you or your family member from getting the necessary health care? (Please check all the problems that you encountered)

Answer Options	Response Percent	Response Count
No health insurance.	16.9%	22
Insurance didn't cover what I/we needed.	23.8%	31
My/our share of the cost (deductible/copay) was too high.	38.5%	50
Doctor would not take my/our insurance or Medicaid.	10.8%	14
Hospital would not take my/our insurance.	19.2%	25
Pharmacy would not take my/our insurance or Medicaid.	1.5%	2
Dentist would not take my/our insurance or Medicaid.	6.2%	8
No way to get there.	0.8%	1
Didn't know where to go.	1.5%	2
Couldn't get an appointment.	12.3%	16
The wait was too long.	12.3%	16
Other (please specify)	13.1%	17
answered question		130
skipped question		374

Other (please specify) responses:

- “ No dental insurance”
- “I didn’t have insurance”
- “ Issues with BCBS and Carteret Health Care”
- “ Dentist are very expensive and I can’t afford Dental insurance”
- “Emergency room was packed and wait was very long”
- “Doctor was not doing his job!”
- “Costs”
- “Doctor did not follow up”
- “Not having knowledgeable doctors for certain diseases”

Question 32: What type of provider or facility did you or your family member have trouble getting health care from? (Please check all that apply)

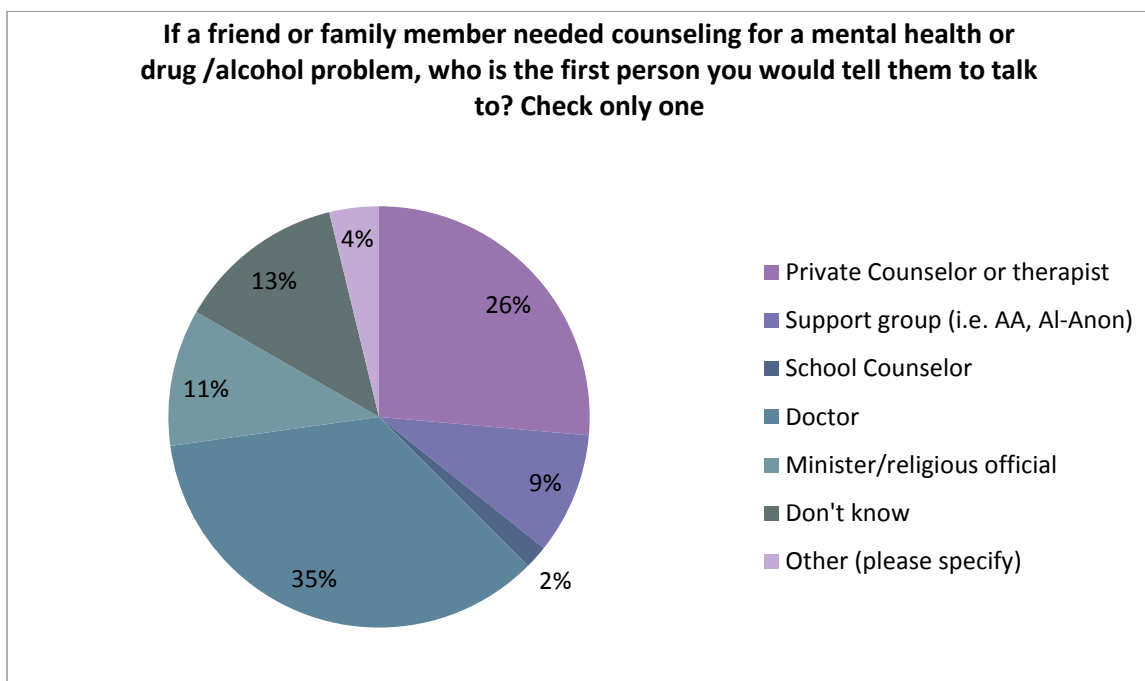
Answer Options	Response Percent	Response Count
Dentist	18.3%	23
General practitioner	33.3%	42
Eye Care/optometrist/ophthalmologist	7.1%	9
Pharmacy/prescriptions	11.1%	14
Pediatrician	2.4%	3
OB/GYN	10.3%	13
Health Department	0.8%	1
Hospital	26.2%	33

Urgent Care Center	6.3%	8
Medical Clinic	4.8%	6
Specialist or other type of provider (specify)	30.2%	38
<i>answered question</i>		126
<i>skipped question</i>		378

Specialist (please specify) responses:

- “Dermatologist”
- “Gastro”
- “Mental Health Provider”
- “Neurologist”
- “Dental coverage”
- “Oncologist”
- “Foot doctor”
- “Ear, Nose, Throat (ENT)”
- “Psychiatrist”

Question 33: If a friend or family member needed counseling for a mental health or drug /alcohol problem, who is the first person you would tell them to talk to? Check only one

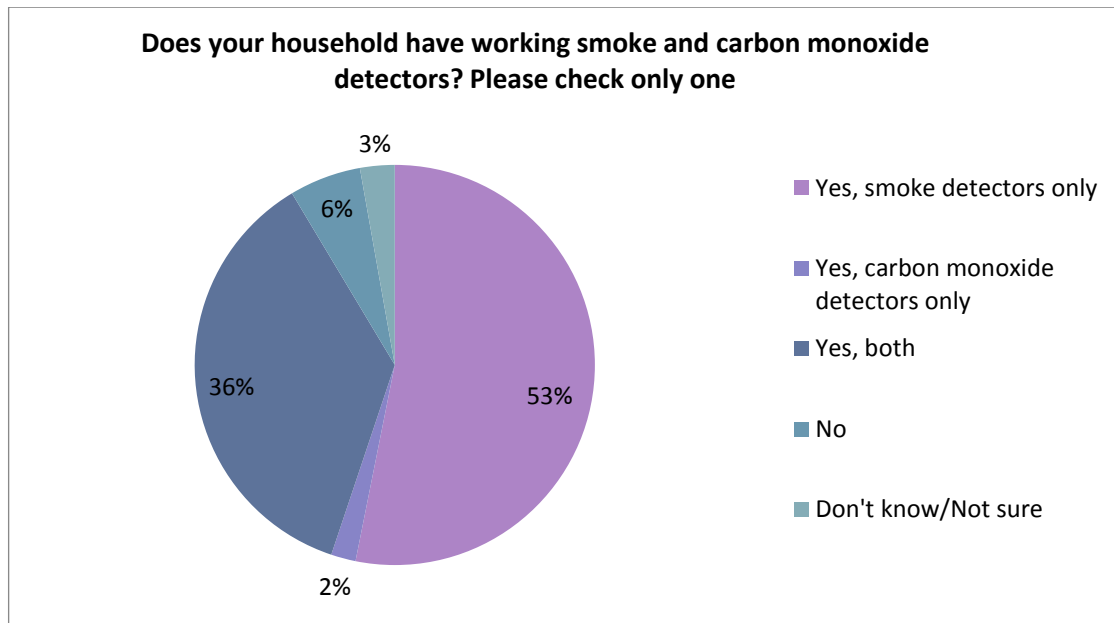


Other (please specify) responses:

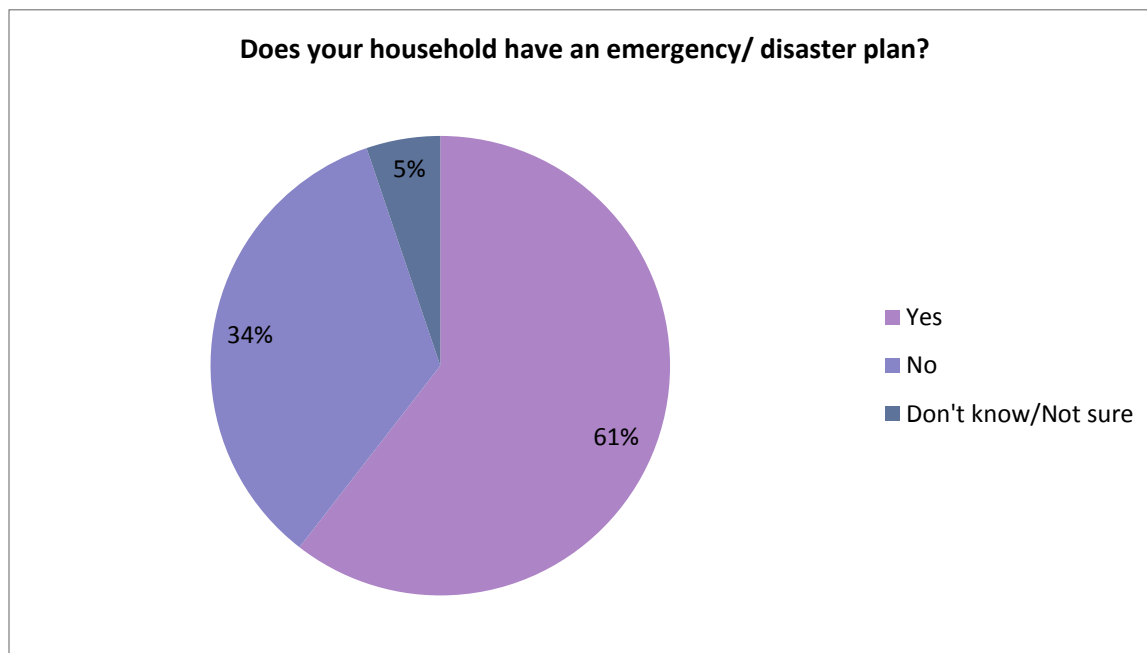
- “Peer Recovery”
- “Loaves and Fishes Community Counseling Center”
- “Mental Health Group”
- “Family due to lack of appropriate free support services”

Emergency Preparedness

Question 34: Does your household have working smoke and carbon monoxide detectors? Please check only one.



Question 35: Does your household have an emergency/ disaster plan?



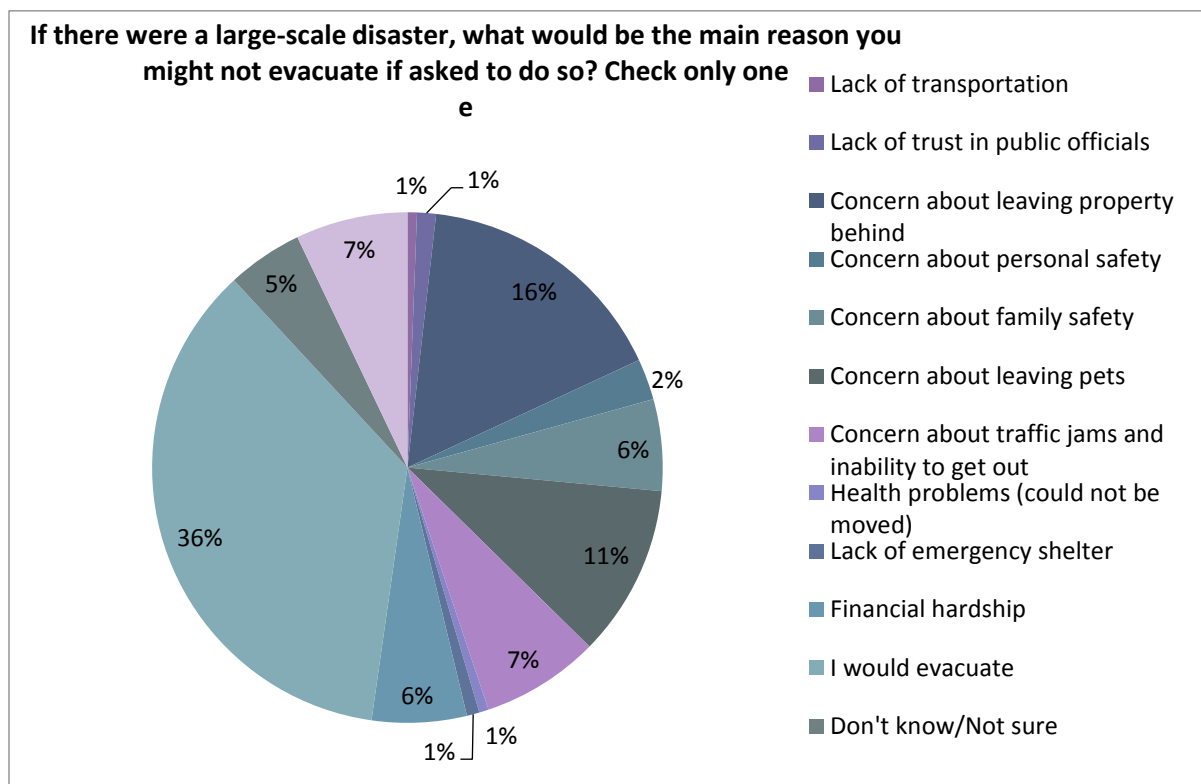
Question 36: How would you receive information from authorities in a large scale disaster or emergency? (Rate your top three- 1 being your top choice, etc)

Answer Options	Response Count	Percentage
Television	397	78.77%
Radio	241	47.82%
Internet	246	48.81%
Newspaper	17	3.37%
Social media (i.e. Facebook, twitter, etc.)	185	36.71%
Neighbors	45	8.93%
Text message (emergency alert system)	334	66.27%
Don't know/Not Sure	13	2.58%
Other (please specify)	14	2.78%
Total Respondents	504	

Other (please specify) responses:

- "Telephone"
- "Code Red"
- "Work"
- "School"

Question 37: If there were a large-scale disaster, what would be the main reason you might not evacuate if asked to do so? Check only one

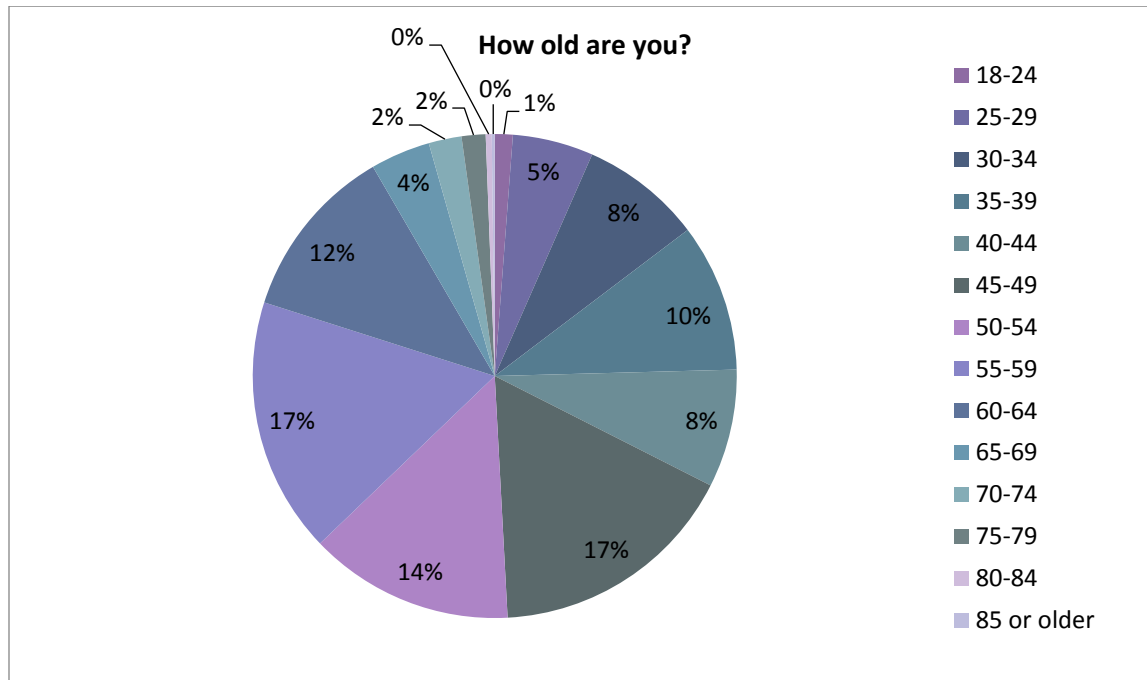


Other (please specify) responses:

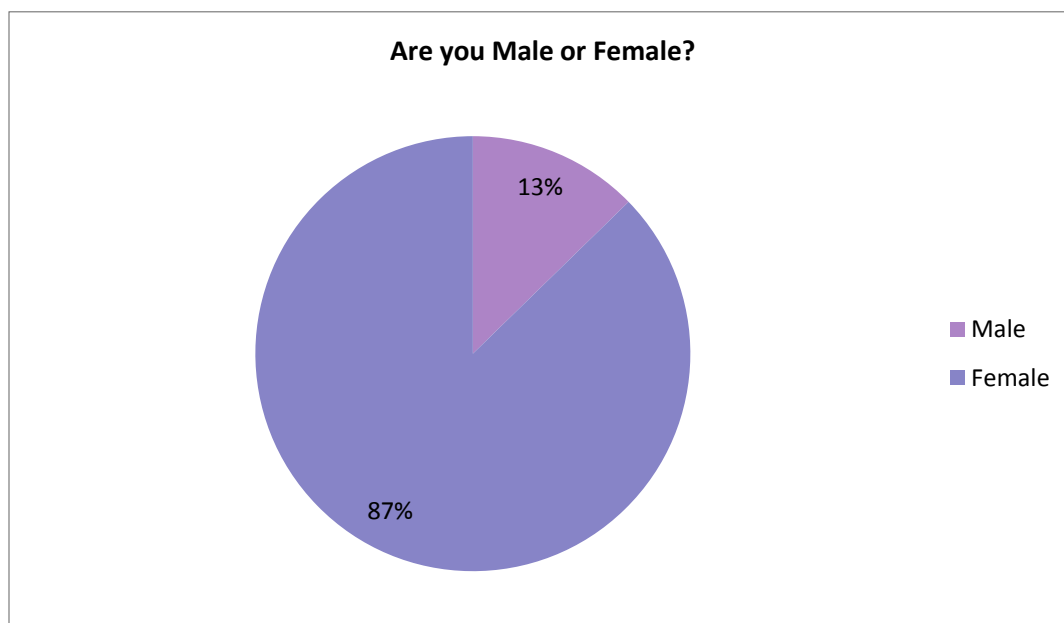
- “Work Responsivities”
- “Concern about length of time for re-entry”
- “ House is well protected, no need to evacuate”
- “I just prefer to be home, I can deal with emergencies in my own surroundings”
- “Concern about personal property/business/ livestock”

Demographics

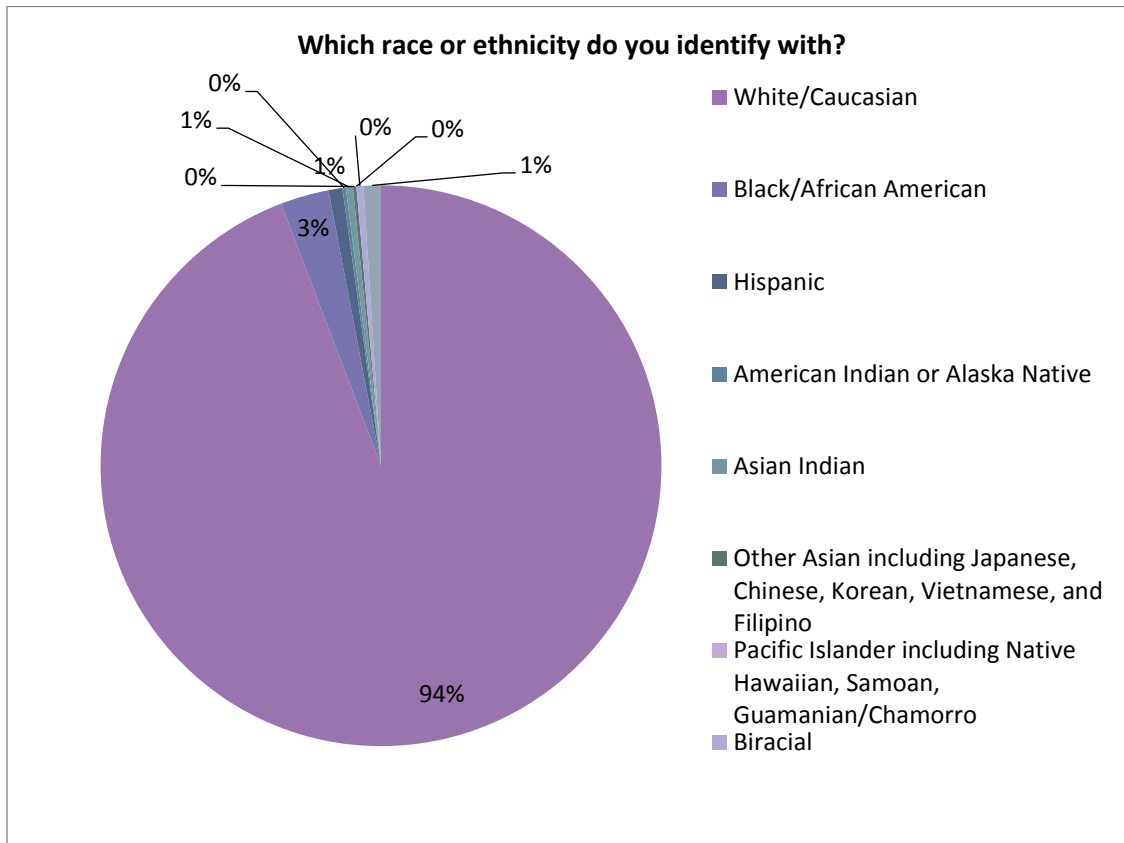
Question 38: How old are you?



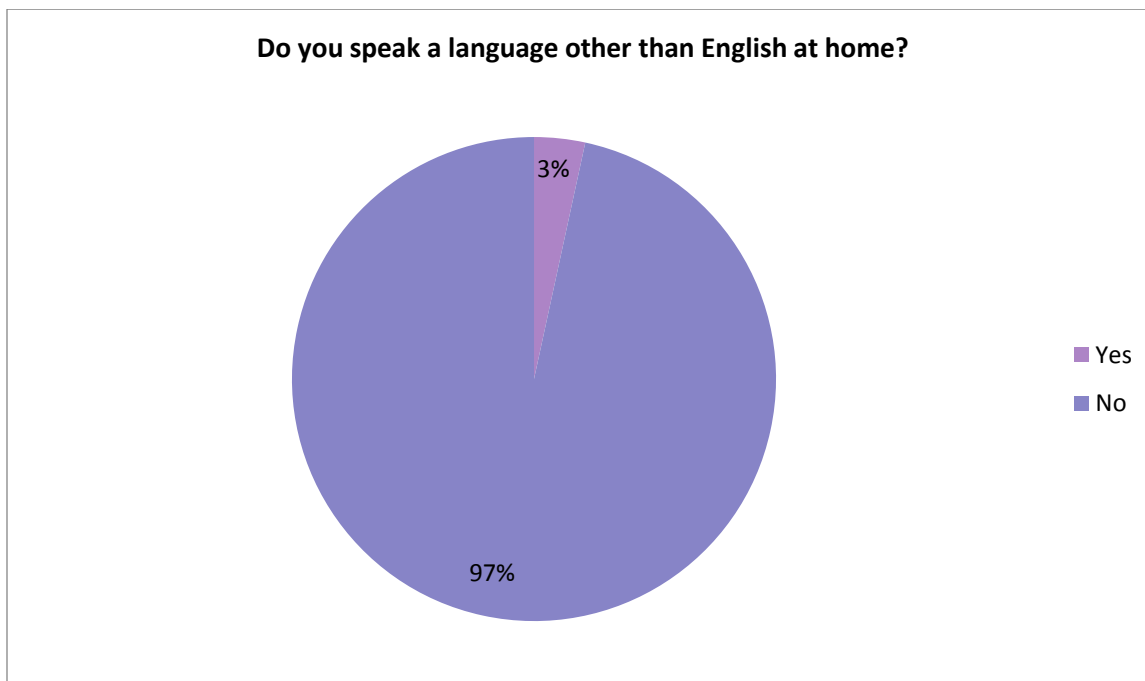
Question 39: Are you male or female?



Question 40: Which race or ethnicity do you identify with?



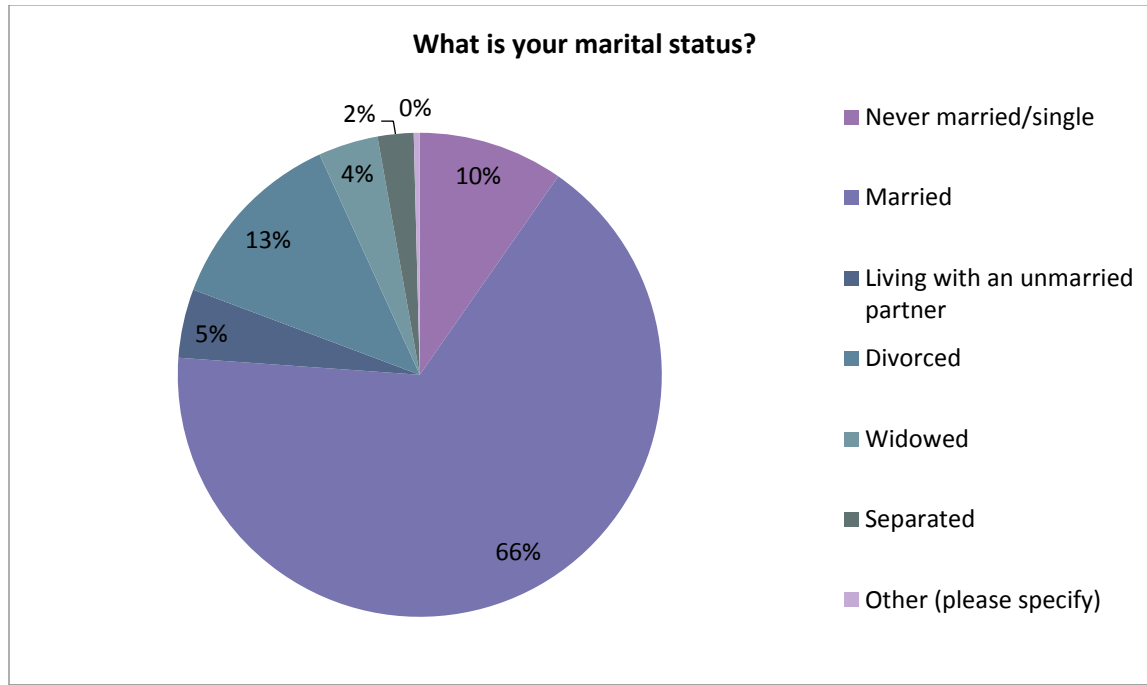
Question 42: Do you speak a language other than English at home?



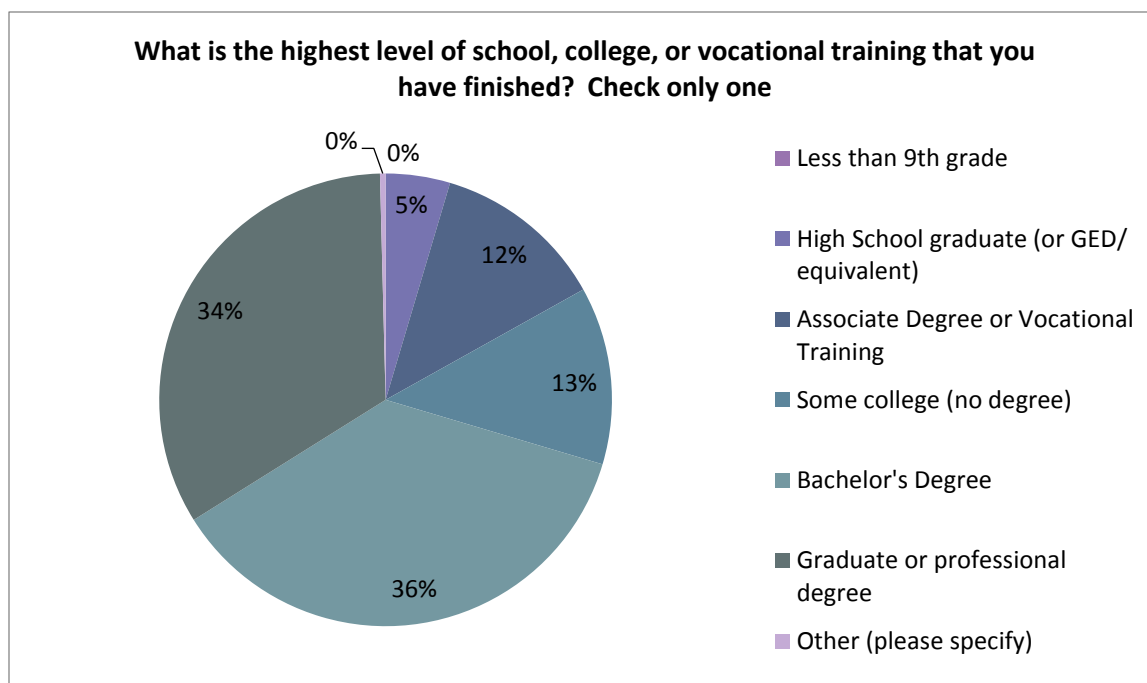
Question 43: If you answered yes to Question 42, what other language do you speak?

- Spanish
- French
- Many languages

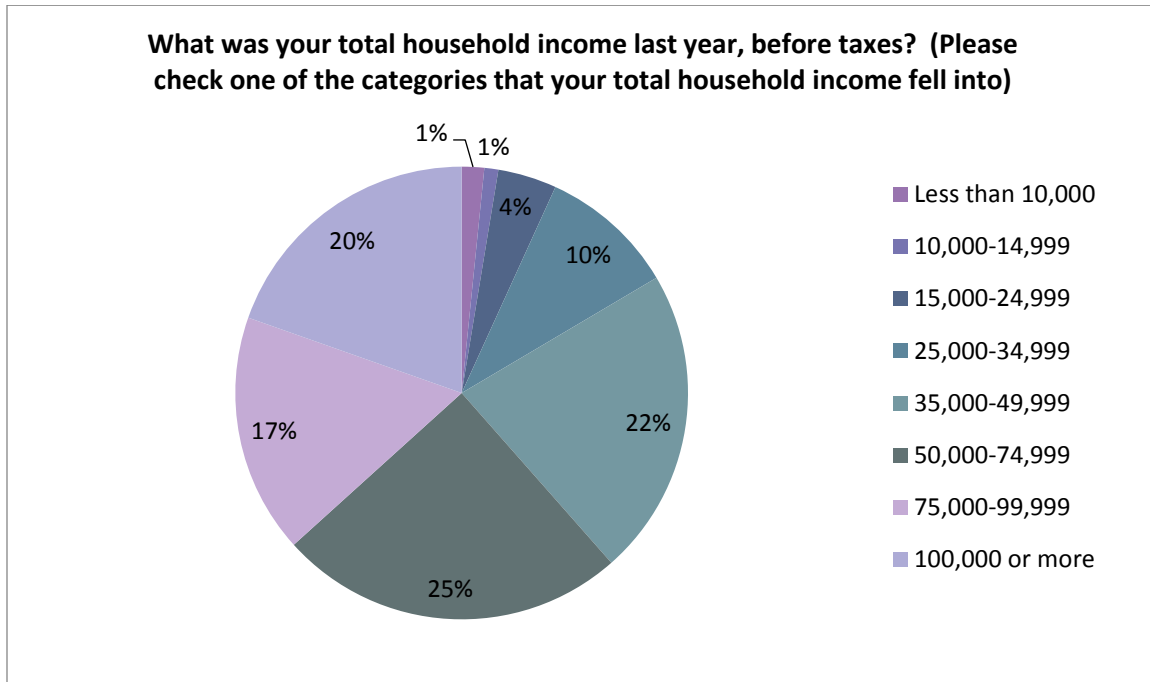
Question 44: What is your marital status?



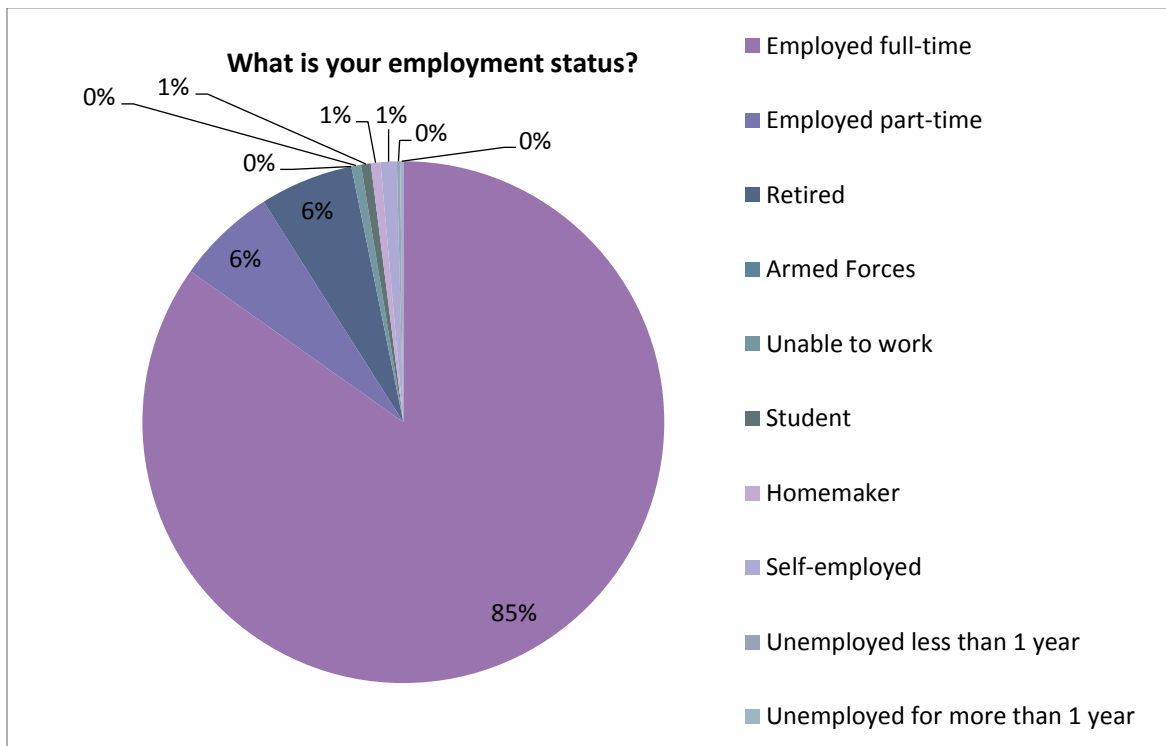
Question 45: What is the highest level of school, college, or vocational training that you have finished? Check only one.



Question 46: What was your total household income last year, before taxes? (Please check one of the categories that your total household income fell into).



Question 47: What is your employment status?



Question 48: Where do you live?

Answer Options	Response Percent	Response Count
Atlantic Beach/Pine Knoll Shores	5.4%	27
Atlantic/ Sea Level	2.0%	10
Beaufort	19.6%	99
Bette/Otway	2.0%	10
Broad Creek/Bogue	3.4%	17
Cape Carteret /Cedar Point/ Peletier	7.1%	36
Cedar Island	0.0%	0
Core Creek/Wire Grass/Hwy 101	0.4%	2
Davis	0.4%	2
Emerald Isle	3.8%	19
Harkers Island	2.2%	11
Harlowe	0.6%	3
Marshallberg /Straits/Gloucester	2.8%	14
Merrimon /South River	1.6%	8
Mill Creek	0.6%	3
Morehead City	22.6%	114
Newport	21.0%	106
Nine Mile Road Area	0.6%	3
North River	0.0%	0
Salter Path/ Indian Beach	0.4%	2
Smyrna	2.2%	11
Stacy	0.2%	1
Stella	0.6%	3
Wildwood	0.0%	0
Williston	0.6%	3
Homeless	0.0%	0
Total Respondents		504

-End Survey-

Appendix D

2016-2017 Community Resource Guide



2016-2017 Carteret County Community Resource Guide

This guide serves as a directory for information on community health resources in Carteret County. As the county continues to grow and change so will this guide. Help us keep this information up to date, send information about community resources to the Carteret County Health Department: 3820 A Bridges Street, Morehead City, NC 28557 or call (252) 728-8550. This guide will be reviewed and updated annually.

ASSISTED LIVING / FAMILY CARE HOMES / REST HOMES

Brookdale- Carolina House	Morehead City	Office: (252)726-4454
Carteret Landing Assisted Living and Memory Care (Anticipated opening February 2017)	Morehead City	Office: (252) 773-0980 Fax: (252) 773-0979
Snug Harbor on Nelson Bay	Sea Level	Office: (252) 225-4411
Carteret House Assisted Living	Newport	Office: (252) 223-2600
Croatan Village	New Bern	Office: (252)634-9066
Carebridge Assisted Living	Jacksonville	Office: (910) 347-1300
Graham's Senior Living Homes	Beaufort	Office: (252) 838-9202 or 9204
Wadin Creek Family Care Home	Beaufort	Office: (866)825-8549

NURSING CENTERS / INTERMEDIATE CARE & SKILLED NURSING FACILITIES

Croatan Ridge	Newport	Office: (252) 223-2560
Crystal Bluffs	Morehead City	Office: (252) 726-0031
Harborview Healthcare Center	Morehead City	Office: (252) 726-6855
Snug Harbor on Nelson Bay	Sea Level	Office: (252) 225-4411 Fax: (252) 225-0607
Pruitt Health	Sea Level	Office: (252) 225-4611 Fax: (252) 225-1228
Cherry Point Bay	Havelock	Office: (252) 444-4631
River Point Crest	New Bern	Office: (252) 637-4730
Premier Nursing & Rehab	Jacksonville	Office: (910) 353-7222
Carolina Rivers	Jacksonville	Office: (910) 455-3610
Ombudsman Program NC Long Term Care (EC Council-Area Agency on Aging	New Bern	1-800-824-4648 (252) 638-3185

HOME HEALTH & HOSPICE PROVIDERS

Carteret Health Care Home Health Service	Morehead City	Office: (252) 499-6081 Fax: (252) 499-6573
Liberty Home Care & Hospice	Morehead City	Office: (252) 247-4748 Fax: (252) 247-2445
Gentiva Home Health	Morehead City	Office: (252) 726-9300 Fax: (252) 726-9832
Community Home Care & Hospice	Morehead City	Office: (910) 326-1037 Fax: (855) 240-5473
Carteret Health Care Hospice	Morehead City	Office: (252) 499-6085 Fax: (252) 499-6573
Crystal Coast Hospice House <i>Serving Eastern NC</i>	Newport	Office: (252) 808-2244
Craven Co. Health Dept. Home Health and Hospice	New Bern	Office: (252) 636-4930 Fax: (252) 636-5301
Continuum Home Care & Hospice	Jacksonville	Office: (910) 989-2682 Fax: (910) 989-2693
Onslow Home Health & Hospice	Jacksonville	Office: (910) 577-6660 Fax: (910) 577-6636
Vidant Home Health and Hospice	Greenville	1-800-227-3894

PRIVATE DUTY & PERSONAL CARE AGENCIES

Friendly Caregivers	Morehead City	Office: (252) 240-1234 Fax: (252) 240-1232
In Touch Home Care		(252) 726-6780
Private Personal Home Care	Morehead City	Office: (252) 725-9003
Interim Health Care		1-800-849-6144 Fax: (910) 483-6049
Access Community Based Service	Morehead City	Office: (252) 247-6911 Fax: (252) 222-3831
Maxim Health Care <i>(Personal Care)</i>		Office: (252) 726-8746 Fax: (252) 726-6673
Accommodating Home Care Service	New Bern	Office: (252) 635-9005 Fax: (252) 635-9006
Companion and Home Care	Emerald Isle	(252) 764-9574

LOW INCOME HOUSING

Crystal Coast Apartments (M-TH 8-3:15)	Morehead City	Office: (252) 726-8042
Eastern Carolina Regional Housing Authority (Macon Court, Kings Terrace)	Morehead City	Office: (252) 726-4401
Westwood Square Apartments (M-TH 9-3)	Morehead City	Office: (252) 247-4666
Beaufort Housing Authority	Beaufort	Office: (252) 728-3226
Carteret Court Apartments	Beaufort	Office: (252) 728-2679
Brentwood Village Apartments (M-TH 10-3)	Beaufort	Office: (252) 728-4557
Elm Green	Newport	Office: (252) 223-1266
Blue Point Bay	Newport	Office: (252) 222-0015

HOUSING ASSISTANCE/ SHELTERS

Coastal Community Action	Newport	Office: (252) 223-1630
Carteret County Domestic Violence Program	Beaufort	Office: (252) 728-3788
Habitat for Humanity	Newport	Office: (252) 223-2111
Family Promise of Carteret County	Morehead City	Office: (252) 222-0019
Hope Mission Men's Shelter <i>*Emergency Overnight Housing*</i> <i>*Emergency Financial Assistance*</i>	Morehead City	Office: (252) 240-2359
Coastal Women's Shelter	New Bern	Office: (252) 638-4509, (252) 638-5995
Religious Community Services Homeless Shelter	New Bern	Office: (252) 637-4185, (252) 633-2767
Onslow Community Outreach	Jacksonville	Office: (910)455-5733, (910) 347-3227

IN-PATIENT REHABILITATION CENTERS

Carolina East Rehab	New Bern	Main: 252-633-8020
Coastal Rehab Hospital	Wilmington	Office: (910) 343-7835

Duke Rehab	Durham	Office: (919) 470-7338
Vidant Edgecombe Hospital (formerly Heritage Hospital Rehab)	Tarboro	Office: (252) 641-7700
Lenoir Memorial Rehab Center	Kinston	Office: (252) 522-7000, (252) 522-7773 Physical Therapy (252)522-7919
Vidant Medical Center (formerly Regional Rehab Center)	Greenville	Office: (252) 847-4400 or 1-800-546-4313
UNC Hospitals Rehab	Chapel Hill	Office: (919) 966-5929
WakeMed Rehab	Raleigh	Office: (919) 350-8000

OUT-PATIENT REHABILITATION CENTERS

Beaufort Physical Therapy	Beaufort	Office: (252) 838-0222
Carteret Health Care Outpatient Rehabilitation	Morehead City	Office: (252) 808-6000
Carolinas Center for Surgery	Morehead City	Office: (252) 247-2101
Carteret Physical Therapy & Sports Med Center	Morehead City	Office: (252) 247-2738
Moore Sports Therapy and Rehab	Morehead City	Office: (252) 808-3151
Specialty Center for Physical Therapy	Morehead City	Office: (252) 726-1802
Snug Harbor <i>Physical and Occupational Therapy</i>	Sea Level	Office: (252) 225-4411
Therapy Center of Cedar Point	Cedar Point	Office: (252) 393-8828

GENERAL MEDICAL HOSPITALS

Carteret Health Care	Morehead City	Office: (252) 499-6000
Carolina East Medical Center	New Bern	Office: (252) 633-8111
Onslow Memorial	Jacksonville	Office: (910) 577-2345
Camp Lejeune Naval Hospital	Jacksonville	Office: (910) 450-4300

Lenoir Memorial Hospital	Kinston	Office: (252) 522-7000
New Hanover Regional Medical Center	Wilmington	Office: (910) 343-7040
Duplin General Hospital	Kenansville	Office: (910) 296-0941
Vidant Medical Center	Greenville	Office: (800) 788-4473
Wayne Memorial Hospital	Goldsboro	Office: (919) 736-1110
Duke University Hospital	Durham	Office: (919) 684-8111
University of North Carolina Hospitals	Chapel Hill	Office: (919) 966-4131
Wake Medical Center	Raleigh	Office: (919) 350-8000
Veteran Affairs Hospital	Durham	Office: (919) 286-0441 (888) 878-6890
Wake Forest Baptist Medical Center	Winston-Salem	Office: (336) 716-2011

VETERAN AFFAIRS HOSPITALS/ TRANSFER COORDINATORS

Asheville, NC	Ext 15219	Office: (828) 298-7911
Fayetteville, NC		Office: (910) 488-2120 (800) 771-6106
Durham, NC	Ext 6250	Office: (919) 286-0411 (888) 878-6890
Salisbury, NC		Office: (704) 638-9000 (800) 469-8262
Hampton, VA	Ext 2122	Office: (757) 722-9961
Richmond, VA		Office: (804) 675-5000
Salem, VA	Ext 1769	Office: (540) 982-2463 (800) 982-2463
Beckley, WV	Ext 4778	Office: (304) 255-2121 (877) 902-5142

VETERAN'S SERVICES

Veteran's Service Office	Morehead City	(252) 728-8440
Veteran's Affairs Clinic	Morehead City	(252) 240-2349
Veteran's Crisis Line		1-800-273-8255

MEDICAL TRANSPORT SERVICES

Carteret Health Care (Paramedic) *Not available for public referral*		Office: (252) 499-6133
Crystal Coast Medical Transport CCMT (Basic Life Support Only)		Office: (252) 808-5555
Friendly Medical Transport		Office: (252) 808-3400

TRANSPORTATION

Carteret County Area Transportation System (CCATS)	Morehead City	Ride Reservation Line (800) 735-2962
Coastal Community Action <i>*Assistance with transportation for Seniors to appointments*</i>	Newport	Office: (252) 223-1630 (252) 223-1633
R.S.V.P Retired Senior Volunteer Program (Senior Center)	Morehead City	Office: 728-3181 Ext 6105

HEALTH AND HUMAN SERVICES/ MENTAL HEALTH

Carteret County Health Department <ul style="list-style-type: none"> • Clinical Services • WIC-Nutrition Assistance & Breastfeeding Support • Environmental Health • Pest Management/Animal Control • Mobile Dental Clinic- Miles of Smiles 	Morehead City	Main Number: (252) 728-8550 Fax: (252) 222-7739 EH Office: (252) 728-8499 EH Fax: (252) 222-7753 Pest Management: (252) 728-8585 Mobile Dental Clinic: (252) 241-4492
Carteret County Dept. of Social Services	Beaufort	Office: (252) 728-3181 Fax: (252) 648-7462
Trillium Health Resources <i>MCO for MH/SA/DD services</i>	Morehead City	1(877) 685-2415 Admin/Business Calls: 1(866)998-2597

PSYCHIATRIC & SUBSTANCE ABUSE HOSPITALS

Brynn Marr Central Regional	Jacksonville	1-800-822-9507 Fax: (910)577-2797
Crossroads Carolina East Medical Center	New Bern	Office: (252) 633-8204 Fax: (252)633-8198
Duplin General Psych Unit		(910) 296-2786

The Oaks (New Hanover Regional)	Wilmington	(910) 815-5625
Vidant Medical Center, Psych Unit	Greenville	Office: (252) 847-8791 Beeper: (252) 413-4117
Wilmington Treatment Center	Wilmington	1-800-992-3671

PRESCRIPTION DRUG DISPOSAL

Carteret County Sheriff's Dept. <i>*Drop Box*</i>	Beaufort	(252) 504-4800
Atlantic Beach Police Department <i>*Drop Box*</i>	Atlantic Beach	(252) 726-2523
Cape Carteret Police Department <i>*Drop Box*</i>	Cape Carteret	(252) 393-2183
Emerald Isle Police Department <i>*Drop Box*</i>	Emerald Isle	(252) 354-2021
Morehead City Police Department <i>*Drop Box*</i>	Morehead City	(252) 726-5361
Pine Knoll Shores Police Department <i>*Drop Box*</i>	Pine Knoll Shores	(252) 247-2474
Newport Police Department <i>*Drop Box*</i>	Newport	(252) 223-5410
<i>Conveniently dispose of unused, unwanted, or expired medications at the locations listed above. Proper storage and disposal of prescription medication can help keep you, your family, and the environment safe. Remember, never flush medication!</i>		

CAROLINAS POISON CONTROL CENTER

24 hr. Poison Help Line: 1-800-222-1222	www.ncpoisoncenter.org
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COUNSELING / EMOTIONAL SUPPORT

Coastal Pregnancy Care Center	Morehead City	(252) 247-2273
Carteret County Domestic Violence Program	Morehead City	24 hr. (252) 728-3788 (office) and 393-6361 (Crisis number) (252) 726-2336
Carteret County Rape Crisis Program	Morehead City	24 hr. Crisis Line (252) 725-4040 (252) 504-3668 (office)
Disaster/Emergency Emotional Support American Red Cross	New Bern	(252) 637-3405

HIV Counseling & Referral <i>Carteret County Health Department</i>	Morehead City	(252) 728-8550 24 hr. Hotline: 1-800-232-4636
Integrated Family Services	Morehead City	(866) 437-1821: 24 hour Mobile Crisis Office: (252) 648-7850
RHA Crisis Counseling	Morehead City	(252) 240-1482 24/7: (844) 709-4097
NAMI-National Alliance on Mental Illness	Coastal Division	http://naminc.org/ (252) 422-3900 or (252) 269-7025
Peer Recovery Center (Mental Health/Addiction)	Morehead City	(252) 222-3888 Warmline: (252) 269-5317
Le'Chris Counseling Services, Inc.	Morehead City	(252) 726-9006
PORT Human Services	Morehead City	(252) 222-3144
Carteret Counseling Services, Inc.	Morehead City	(252) 247-1109
Alcoholics Anonymous/AI-Anon/ Alateen	Morehead City	(252) 726-8540
American Cancer Society		1-800-227-2345
NC Alzheimer Support		1-800-272-3900
NC Quitline Smoking Cessation <i>24 hr/ 7 days a week</i>		1-800-QUIT-NOW 1-800-784-8669
American Lung Association		1-800-586-4872
National Suicide Prevention Hotline		1-800-273-8255
Narcotics Anonymous		(252) 278-0301

FREE CLINIC / MEDICAL CARE / SCREENINGS

Broad Street Clinic	Morehead City	(252) 726-4562 Fax: (252) 726-4459
MERCI Clinic	New Bern	(252) 633-1599
Prostate, Breast and Skin Cancer Screenings <i>Sponsored by Carteret Health Care Cancer Center</i>	Morehead City	(252) 808-6000 <i>*Various times throughout the year*</i>
REACH Dental Low-Cost Dental Day <i>Sponsored by One Harbor Church</i>	Morehead City	(252) 422-2899
NC Baptist Men Mobile Dental Unit	Cary, NC	1-800-395-5102 ext. 5603

FOOD ASSISTANCE

WIC Program Carteret County Health Dept.	Morehead City	Office: (252) 728-8550
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Carteret County Dept. Social Services <i>SNAP (Food Stamps)</i> <i>Assistance with vouchers for Martha's Mission</i>	Beaufort	Office: (252) 728-3181
Hope Mission <i>Soup Kitchen Open Every Day 11 am – 12:30 pm</i>	Morehead City	Office: (252) 240-2359
Martha's Mission Cupboard Food Pantry <i>*Need voucher from DSS or CCHD (M, W, F – 10:30 to 3)</i>	Morehead City	Office: (252) 726-1717
Salvation Army <i>*Need proof of income</i>	Morehead City	Office: (252) 726-7147
The Storehouse Food Pantry (T & TH 11 am- 2 pm)	Morehead City	Office : (252) 725-5539 Call for Appointment
Glad Tidings Church Food Pantry <i>Open M-Th(Closed 12-1)</i>	Morehead City	Office: (252) 726-0160
Woodville Baptist Church Food Pantry <i>(TH 11 am- 2 pm)</i> <i>*Need voucher from DSS or CCHD</i> <i>*Every 3rd Friday Participates with NC FOOD BANK</i>	Beaufort	Office: (252) 728-1414
Loaves and Fishes Food Pantry <i>1st, 2nd, and 3rd Mondays</i>	Beaufort	Office: (252) 504-0123
Calvary Baptist Church <i>4th Monday of each month</i>	Beaufort	Office: (252) 728-2680
St. James Methodist Church Matthew: 25 Food Pantry (M & TH)	Newport	Office: (252) 223-4727

MEAL DELIVERY PROGRAMS

Home Delivered Meals (Service of the Leon Mann Senior Enrichment Center)	Morehead City	(252) 247-2626
Meals on Wheels	Beaufort/Down East	(252) 241-4292
Meals on Wheels	Cape Carteret/Emerald Isle	(252) 241-5282
Meals on Wheels	Morehead City	(252) 241-1087
Meals on Wheels	Newport	(252) 223-4231

DISABILITY PROGRAMS / SERVICES

Services for the Blind <i>Carteret County Department of Social Services</i>	Beaufort	(252) 728-3181
Epilepsy Association of NC		1-800-451-0694
Coastal Carolina American Red Cross	New Bern	(252) 637-3405
Division of Motor Vehicles Handicap Parking Permits	Morehead City	(252) 726-7695
Social Security Administration	New Bern	1-888-491-1885
Vocational Rehabilitation	Morehead City	(252) 247-2037
Independent Living	New Bern	(252) 514-4806
Station Club Enterprise	Morehead City	(252) 240-1022
NC Division of Services for Deaf and Hard of Hearing	Wilmington	1-800-205-9915 - Voice 1-800-205-9916 - TTY
Special Olympics of Carteret County <i>Carteret County Parks and Recreation</i>	Beaufort	252-808-3301

FAMILY / CHILDREN'S SERVICES

Carteret Partnership for Children	Morehead City	(252) 727-0440
Boys and Girls Club of Coastal Carolina	Morehead City Beaufort Havelock	(252) 726-6584 (252) 504-2465 (252) 444-5437
Carteret County Health Department <ul style="list-style-type: none"> Care Coordination for Children WIC-Women Infants & Children Breastfeeding Peer Counselor Immunizations Pregnancy Care Management Family Planning Maternal Health Breast and Cervical Cancer Control Program Communicable Disease Testing & Treatment 	Morehead City	(252) 728-8550
Children's Developmental Services Agency (CDSA)	New Bern	(252) 514-4770 1-866-543-7662
Pediatricians <ul style="list-style-type: none"> Carteret Clinic for Adolescents & Children Ocean Side Pediatrics Stanley Rule Pediatrics 	Morehead City	(252) 726-0511 (252) 622-4448 (252) 240-5437
Coastal Community Action <ul style="list-style-type: none"> Head Start Early Head Start 	Newport	(252) 223-1650
Parenting Programs		

<ul style="list-style-type: none"> • Love and Logic Parenting Carteret Community College • Carteret County Partnership for Children • Coastal Pregnancy Care Center 	Morehead City	(252) 222-6000 *Life Enrichment Program* (252) 727-0440 (252) 247-2273
Cooperative Extension Carteret Center	Morehead City	(252) 222-6352
Family Support Network of ENC		(252) 917-4110
Make-a-Wish Foundation of ENC		(919) 821-7111 1-800-432-9474

HISPANIC/LATINO RESOURCES

ESL Programs Ingles Como Segunda Lengua <i>Carteret Community College</i>	Morehead City	(252) 222-6195
Legal Aid of North Carolina	New Bern	1-866-219-5262

FITNESS CENTERS & GYMS

Cape Carteret Aquatics & Wellness Center	Cape Carteret	Office: (252) 393-1000
Snap Fitness (24 hr)	Morehead City Beaufort Newport Otway	Office: (252) 622-4222 Office: (252) 728-3357 Office: (252) 777-4349 Office: (252) 838-1196
Anytime Fitness (24 hr)	Morehead City	Office: (252) 648-8808
Sports Center	Morehead City	Office: (252) 726-7070
Golds Gym	Morehead City	Office: (252) 247-4653
Crossfit Emerald Isle/Crystal Coast Strength & Conditioning	Emerald Isle	Office: (252) 764-2398
Crossfit Carteret	Beaufort	Office: (252) 269-2722
Eastern Athletic Club	Beaufort	Office: (252) 728-1700
Iron Tide Crossfit	Morehead City	Office: 646-8489
Leon Mann Senior Center	Morehead City	Office: (252) 247-2626

PARKS & REC DEPARTMENTS

Emerald Isle Parks and Rec <i>(Rec Center Memberships Available)</i>	Emerald Isle	Office: (252) 354-6350
Morehead City Parks and Rec <i>(Rec Center Memberships Available)</i>	Morehead City	Office: (252) 726-5083
Carteret County Parks and Rec <i>*Visit www.ccparksrec.com for a list of Park Facilities and Walking Trails in the county*</i>	Beaufort	Office: (252) 808-3301
<ul style="list-style-type: none"> • Fort Benjamin Park Recreation Center <i>Open to the Public</i> • Western Park Community Center <i>Open to the Public</i> 	Newport	Office: (252) 222-5858
	Cedar Point	Office: (252) 393-1481 (252) 222-5836

FARM STANDS & LOCAL PRODUCE

Cooperative Extension Crystal Coast Produce	www.ces.ncsu.edu	
Carteret Local Food Network	www.carteretlocalfood.org	
Olde Beaufort Farmers Market Saturdays (8:30 – 12:30)	Beaufort	www.beaufortfarmersmarket.com
Saturday Morning Curb Market Sat 7:30-11:30 am **1st weekend in May through Labor Day weekend**	Morehead City	(252) 222-6352